

SERFF Tracking Number: TAPK-126724762 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 46218
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Individual Hospital Confinement Policy
Project Name/Number: /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Individual Hospital Confinement SERFF Tr Num: TAPK-126724762 State: Arkansas

Policy

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num: 46218

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Author: Vicki Rowe Disposition Date: 08/06/2010

Date Submitted: 07/16/2010 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/06/2010

Explanation for Other Group Market Type:

State Status Changed: 08/06/2010

Deemer Date:

Created By: Vicki Rowe

Submitted By: Vicki Rowe

Corresponding Filing Tracking Number:

Filing Description:

This filing is being submitted on behalf of Central United Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

CUL-HPHI2010-AR is a Hospital Confinement Policy. CUL-HPHI-APP 2010-AR is the corresponding application. CUL-HPHI-OC-AR is the Outline of Coverage. The following are optional benefit riders: CUL-HREA - Emergency Accident Rider, CUL-HROS - Outpatient Sickness Rider, CUL-HRICU - Intensive Care Unit Rider, CUL-HRADD - Accidental Death & Dismemberment Rider, CUL-HRSUR+ - Surgical Plus Rider, CUL-HRSUR - Surgical Rider, CUL-HRPN -

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 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Individual Hospital Confinement Policy
 Project Name/Number: /
 Private Duty Nurse Rider, CUL-HRHI - Hospital Injury Indemnity Rider, CUL-HRLS - Lump Sum Indemnity Rider, CUL-HRSI - Specified Injury Rider, CUL-HRFHC - First Hospital Confinement Rider.

Company and Contact

Filing Contact Information

Vicki Rowe, vmrowe@aol.com
 9441 LBJ Freeway 972-664-0163 [Phone] 201 [Ext]
 Suite 102
 Dallas, TX 75243

Filing Company Information

(This filing was made by a third party - tallenpark)
 Central United Life Insurance Company CoCode: 61883 State of Domicile: Texas
 10700 Northwest Freeway Group Code: 1117 Company Type: Life and Health
 Houston, TX 77092 Group Name: State ID Number:
 (713) 529-0045 ext. [Phone] FEIN Number: 42-0884060

Filing Fees

Fee Required? Yes
 Fee Amount: \$750.00
 Retaliatory? No
 Fee Explanation: 14 policy forms; 1 rate
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$750.00	07/16/2010	38071394

SERFF Tracking Number: TAPK-126724762 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/06/2010	08/06/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/04/2010	08/04/2010	Vicki Rowe	08/05/2010	08/05/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Hospital Confinement Policy, Emergency Accident Rider, Outpatient Sickness Rider, Intensive Care Unit Rider, Accidental Death & Dismemberment Rider, Surgical Plus Rider, Surgical Rider, Private Duty Nurse Rider, Hospital Injury Indemnity Rider, Lump Sum Indemnity Rider, Specified Injury Rider, First Hospital Confinement Rider	Vicki Rowe	07/20/2010	07/20/2010

<i>SERFF Tracking Number:</i>	<i>TAPK-126724762</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46218</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Individual Hospital Confinement Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126724762 State: Arkansas
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Product Name: Individual Hospital Confinement Policy
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization to File	Approved-Closed	Yes
Form (revised)	Hospital Confinement Policy	Approved-Closed	Yes
Form	Hospital Confinement Policy	Replaced	Yes
Form	Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Emergency Accident Rider	Approved-Closed	Yes
Form	Outpatient Sickness Rider	Approved-Closed	Yes
Form	Intensive Care Unit Rider	Approved-Closed	Yes
Form	Accidental Death & Dismemberment Rider	Approved-Closed	Yes
Form	Surgical Plus Rider	Approved-Closed	Yes
Form	Surgical Rider	Approved-Closed	Yes
Form	Private Duty Nurse Rider	Approved-Closed	Yes
Form	Hospital Injury Indemnity Rider	Approved-Closed	Yes
Form	Lump Sum Indemnity Rider	Approved-Closed	Yes
Form	Specified Injury Rider	Approved-Closed	Yes
Form	First Hospital Confinement Rider	Approved-Closed	Yes
Rate (revised)	Hospital Confinement Policy, Emergency Accident Rider, Outpatient Sickness Rider, Intensive Care Unit Rider, Accidental Death & Dismemberment Rider, Surgical Plus Rider, Surgical Rider, Private Duty Nurse Rider, Hospital Injury Indemnity Rider, Lump Sum Indemnity Rider, Specified Injury Rider, First Hospital Confinement Rider	Approved-Closed	Yes
Rate	Hospital Confinement Policy, Emergency Accident Rider, Outpatient Sickness Rider, Intensive Care Unit Rider, Accidental Death & Dismemberment Rider, Surgical Plus Rider, Surgical Rider, Private Duty Nurse Rider, Hospital Injury	Replaced	Yes

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Project Name/Number: /

Indemnity Rider, Lump Sum Indemnity
Rider, Specified Injury Rider, First
Hospital Confinement Rider

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Product Name: Individual Hospital Confinement Policy
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/04/2010

Submitted Date 08/04/2010

Respond By Date

Dear Vicki Rowe,

This will acknowledge receipt of the captioned filing.

Objection 1

- Hospital Confinement Policy, CUL-HPHI2010-AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Objection 2

- Hospital Confinement Policy, CUL-HPHI2010-AR (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129 and Bulletin 3-75(Revised).

Objection 3

- Hospital Confinement Policy, CUL-HPHI2010-AR (Form)

Comment:

With respect to adopted children, please note the 60 day period outlined under ACA 23-79-137.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Individual Hospital Confinement Policy
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/05/2010
 Submitted Date 08/05/2010

Dear Rosalind Minor,

Comments:

Dear Rosalind Minor,

Response 1

Comments: We have revised the Eligible Dependent Child(ren) definition to show there is no time limit set for furnishing proof of incapacity.

Related Objection 1

Applies To:

- Hospital Confinement Policy, CUL-HPHI2010-AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Hospital Confinement Policy	CUL-HPHI2010-AR		Policy/Contract/Fraternal Certificate	Initial		51.800	HospitalIndemnityPolicyFinal071410.pdf

Previous Version

SERFF Tracking Number: TAPK-126724762 State: Arkansas

Filing Company: Central United Life Insurance Company State Tracking Number: 46218

Company Tracking Number:

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Individual Hospital Confinement Policy

Project Name/Number: /

Hospital Confinement Policy	CUL-HPHI2010-AR	Policy/Contract/Fraternal Certificate	Initial	51.800	HospitalIndemnityPolicyFinal071410.pdf
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No Rate/Rule Schedule items changed.

Response 2

Comments: The Eligibility and Addition of Persons section has been revised to show the 90 period with respect to newborns. This section has been revised to make the limitations clear.

Related Objection 1

Applies To:

- Hospital Confinement Policy, CUL-HPHI2010-AR (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129 and Bulletin 3-75(Revised).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Hospital Confinement Policy	CUL-HPHI2010-AR		Policy/Contract/Fraternal Certificate	Initial		51.800	HospitalIndemnityPolicyFinal071410.pdf
Previous Version							
Hospital Confinement Policy	CUL-HPHI2010-AR		Policy/Contract/Fraternal Certificate	Initial		51.800	HospitalIndemnityPolicyFinal071410.pdf

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 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Individual Hospital Confinement Policy
 Project Name/Number: /

No Rate/Rule Schedule items changed.

Response 3

Comments: The Eligibility and Addition of Persons section has been revised to show the 60 day period with respect to adopted children. This section has been revised to make the limitations clear.

Related Objection 1

Applies To:

- Hospital Confinement Policy, CUL-HPHI2010-AR (Form)

Comment:

With respect to adopted children, please note the 60 day period outlined under ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Hospital Confinement Policy	CUL-HPHI2010-AR		Policy/Contract/Fraternal Certificate	Initial		51.800	HospitalIndemnityPolicyFinal071410.pdf

Previous Version

Hospital Confinement Policy	CUL-HPHI2010-AR		Policy/Contract/Fraternal Certificate	Initial		51.800	HospitalIndemnityPolicyFinal071410.pdf
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No Rate/Rule Schedule items changed.

Sincerely, Vicki Rowe

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<i>Product Name:</i>	<i>Individual Hospital Confinement Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Sincerely,
Vicki Rowe

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 Product Name: Individual Hospital Confinement Policy
 Project Name/Number: /

Amendment Letter

Submitted Date: 07/20/2010

Comments:

We made minor revisions to rates only.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Hospital Confinement Policy, Emergency Accident Rider, Outpatient Sickness Rider, Intensive Care Unit Rider, Accidental Death & Dismemberment Rider, Surgical Plus Rider, Surgical Rider, Private Duty Nurse Rider, Hospital Injury Indemnity Rider, Lump Sum Indemnity Rider, Specified Injury Rider, First Hospital Confinement	CUL-HPHI2010-AR, CUL-HREA, CUL-HROS, CUL-HRICU, CUL-HRADD, CUL-HRSUR+, CUL-HRSUR, CUL-HRPN, CUL-HRHI, CUL-HRLS, CUL-HRSI, CUL-HRFHC	New		CULICPHIRatesOnly-AR7-15-10.pdf

SERFF Tracking Number: *TAPK-126724762* *State:* *Arkansas*
Filing Company: *Central United Life Insurance Company* *State Tracking Number:* *46218*
Company Tracking Number:
TOI: *H14I Individual Health - Hospital Indemnity* *Sub-TOI:* *H14I.000 Health - Hospital Indemnity*
Product Name: *Individual Hospital Confinement Policy*
Project Name/Number: /

Rider

CULICHPHIRate
 sOnly-AR7-15-
 10.pdf

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Filing Company: Central United Life Insurance Company State Tracking Number: 46218

Company Tracking Number:

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Individual Hospital Confinement Policy

Project Name/Number: /

Form Schedule

Lead Form Number: CUL-HPHI2010-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 08/06/2010	CUL-HPHI2010-AR	Policy/Cont ract/Fraternal Certificate	Hospital Confinement Policy	Initial		51.800	HospitalIndemnityPolicyFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HPHI-APP 2010-AR	Application/ Enrollment Form		Initial		54.700	ApplicationFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HPHI-OC-AR	Outline of Coverage	Outline of Coverage	Initial		54.200	OCFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HREA	Other	Emergency Accident Rider	Initial		52.800	EMERGENCYACCIDENTRIDERFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HROS	Other	Outpatient Sickness Rider	Initial		57.000	OUTPATIENTSICKNESSRIDERFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HRICU	Other	Intensive Care Unit Rider	Initial		55.900	IntensiveCareRiderFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HRADD	Other	Accidental Death & Dismemberment Rider	Initial		59.800	ACCIDENTALDEATHANDDISMEMBERMENTRIDERFinal071410.pdf
Approved-Closed 08/06/2010	CUL-HRSUR+	Other	Surgical Plus Rider	Initial		51.100	SURGICALPLUSRIDERFinal071410.pdf
Approved-Closed	CUL-HRSUR	Other	Surgical Rider	Initial		52.800	SURGICALRIDERFinal071410.pdf

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08/06/2010						410.pdf
Approved- CUL-HRPN Other	Private Duty Nurse	Initial	57.000			PRIVATEDUT
Closed	Rider					YNURSERID
08/06/2010						ERFinal07141
						0.pdf
Approved- CUL-HRHI Other	Hospital Injury	Initial	57.700			HOSPITALIN
Closed	Indemnity Rider					JURYINDEM
08/06/2010						NITYRIDERFi
						nal071410.pdf
Approved- CUL-HRLS Other	Lump Sum Indemnity	Initial	55.600			LUMPSUMIN
Closed	Rider					DEMUNITYRID
08/06/2010						ERFinal07141
						0.pdf
Approved- CUL-HRSI Other	Specified Injury Rider	Initial	54.200			SPECIFIEDIN
Closed						JURYRIDERF
08/06/2010						inal071410.pd
						f
Approved- CUL- Other	First Hospital	Initial	51.600			FIRSTHOSPI
Closed HRFHC	Confinement Rider					TALCONFINE
08/06/2010						MENTRIDER
						Final071410.p
						df

CENTRAL UNITED LIFE INSURANCE COMPANY

Home Office: [Little Rock, AR 72201]

Administrative Office:[10700 Northwest Freeway, Houston, TX 77092] [800-669-9030]

HOSPITAL INDEMNITY POLICY

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

NOTICE TO BUYER: This is a hospital confinement indemnity Policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US. READ IT CAREFULLY.

**GUARANTEED RENEWABLE TO AGE 65, CONDITIONALLY RENEWABLE THEREAFTER.
SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS.**

**NO BENEFITS SHALL BE PROVIDED DURING THE FIRST TWELVE MONTHS OF THIS POLICY FOR
PRE-EXISTING CONDITIONS.**

Important Cancellation Information – Please Read The Provision Entitled “Renewal Condition”, Found Below

RENEWAL CONDITION

You have the right to renew this Policy until the Policy Anniversary Date on or after Your 65th birthday, if You pay the correct Premium when due or within the Grace Period. Thereafter, You have the right to renew this Policy if You are Actively At Work and You pay the correct Premium when due or within the Grace Period. We retain the right to change the premium rates on this Policy. See the paragraph titled Change in Premium Rate.

INSURING CLAUSE


We will pay Benefits set out in this Policy and any Rider(s) attached subject to its Definitions, Provisions, Limitations and Exceptions. This Policy is a legal contract between You and Us. Read it carefully. To understand Your coverage, You must read this Policy as a whole.

THIRTY DAY RIGHT TO EXAMINE THIS POLICY

If, for any reason, You decide not to keep this Policy, return it to Us within 30 days after You receive it. You may return it to Our Administrative Office or to the agent who sold it to You. We will treat the Policy as if it had never been issued. We will refund any Premium paid.



[Mary Lou Rainey
Secretary]



[Dan George
President]

IMPORTANT NOTICE

PLEASE READ THE COPY OF THE APPLICATION ATTACHED TO THIS POLICY. IF ANY INFORMATION ON THE APPLICATION IS NOT TRUE AND COMPLETE, WRITE TO US AT OUR ADMINISTRATIVE OFFICE WITHIN 10 DAYS. THE APPLICATION IS A PART OF THIS POLICY, WHICH WAS ISSUED ON THE BASIS THAT THE ANSWERS TO ALL QUESTIONS AND THE INFORMATION SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

INDEX

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Insuring Clause.....	Cover
Thirty Day Right to Examine This Policy.....	Cover
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POLICY SCHEDULE

FORM: CUL-HPHI2010*

PRIMARY INSURED: [JOHN A DOE]

INSURED DEPENDENTS: [ELIGIBLE SPOUSE
ELIGIBLE DEPENDENT CHILDREN]

PRIMARY INSURED ISSUE AGE: [35]

POLICY NUMBER: [1234567]

POLICY EFFECTIVE DATE: [JANUARY 01, 2010]

FIRST ANNIVERSARY DATE: [JANUARY 01, 2011]

ANNUAL PREMIUM: [\$2,223. 48]

MODE SELECTED AT ISSUE: [ANNUAL/ PRD]

MODE PREMIUM: \$2,223.48

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT	ANNUAL PREMIUM
HOSPITAL CONFINEMENT		
ELIMINATION PERIOD, INJURY	0 DAYS	
ELIMINATION PERIOD, SICKNESS	[0; 1] DAYS	
MAXIMUM BENEFIT PERIOD:	[180; 365] DAYS	
Daily Benefit for Primary Insured	[\$80 to \$500 in increments of \$10]	[\$336.00]
Daily Benefit for Eligible Spouse	[\$80 to \$500 in increments of \$10]	[\$336.00]
Daily Benefit for each Eligible Dependent Child	[\$80 to \$500 in increments of \$10]	[\$204.00]
EMERGENCY ACCIDENT RIDER FORM CUL-HREA*		
BENEFIT PER ACCIDENT FOR PRIMARY INSURED	[\$50 to \$500 in increments of \$50]	[\$27.36]
Limited to 4 Accidents per Calendar Year		
BENEFIT PER ACCIDENT FOR ELIGIBLE SPOUSE	[\$50 to \$500 in increments of \$50]	[\$27.36]
Limited to 4 Accidents per Calendar Year		
BENEFIT PER ACCIDENT FOR ELIGIBLE DEPENDENT CHILDREN	[\$50 to \$500 in increments of \$50]	[\$27.36]
Limited to a total of 4 Accidents per Calendar Year		
OUTPATIENT SICKNESS, RIDER FORM CUL-HROS*		
BENEFIT PER SICKNESS FOR PRIMARY INSURED	[\$25 to \$500 in increments of \$25]	[\$87.60]
Limited to 4 Sicknesses per Calendar Year		
BENEFIT PER SICKNESS FOR ELIGIBLE SPOUSE	[\$25 to \$500 in increments of \$25]	[\$87.60]
Limited to 4 Sicknesses per Calendar Year		
BENEFIT PER SICKNESS FOR ELIGIBLE DEPENDENT CHILDREN	[\$25 to \$500 in increments of \$25]	[\$144.00]
Limited to a total of 4 Sicknesses per Calendar Year		
INTENSIVE CARE UNIT, RIDER FORM CUL-HRICU*		
Daily Benefit for Primary Insured	[\$10 to \$2,500 in increments of \$10]	[\$33.60]
Daily Benefit for Eligible Spouse	[\$10 to \$2,500 in increments of \$10]	[\$33.60]
Daily Benefit for each Eligible Dependent Child	[\$10 to \$2,500 in increments of \$10]	[\$19.20]

* Or Appropriate State Edition

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT	ANNUAL PREMIUM
ACCIDENTAL DEATH BENEFIT & DISMEMBERMENT, RIDER FORM CUL-HRADD*		
Benefit Amount for Primary Insured	[\$1,000 to \$100,000 in increments of \$1,000]	[\$24.00]
Benefit Amount for Eligible Spouse	[\$1,000 to \$25,000 in increments of \$1,000]	[\$18.00]
Benefit Amount for each Eligible Dependent Child	[\$1,000 to \$10,000 in increments of \$1,000]	[\$6.00]
SURGICAL PLUS, RIDER FORM CUL-HRSUR+*		
Maximum Benefit for Primary Insured	[\$500 to \$25,000 in increments of \$100]	[\$62.40]
Maximum Benefit for Eligible Spouse	[\$500 to \$25,000 in increments of \$100]	[\$62.40]
Maximum Benefit for each Eligible Dependent Child	[\$500 to \$25,000 in increments of \$100]	[\$30.00]
SURGICAL, RIDER FORM CUL-HRSUR*		
Maximum Benefit for Primary Insured	[\$500 to \$25,000 in increments of \$100]	[\$36.00]
Maximum Benefit for Eligible Spouse	[\$500 to \$25,000 in increments of \$100]	[\$36.00]
Maximum Benefit for each Eligible Dependent Child	[\$500 to \$25,000 in increments of \$100]	[\$30.00]
PRIVATE DUTY NURSE, RIDER FORM CUL-HRPN*		
Daily Benefit for Primary Insured	[\$10 to \$250 in increments of \$10]	[\$3.00]
Daily Benefit for Eligible Spouse	[\$10 to \$250 in increments of \$10]	[\$3.00]
Daily Benefit for each eligible Dependent Child	[\$10 to \$250 in increments of \$10]	[\$1.80]
HOSPITAL INJURY INDEMNITY, RIDER FORM CUL-HRHI*		
Daily Benefit for Primary Insured	[\$30 to \$500 per day or Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10]	[\$12.00]
Daily Benefit for Eligible Spouse	[\$30 to \$500 per day or Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10]	[\$12.00]
Daily Benefit for each eligible Dependent Child	[\$30 to \$500 per day or Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10]	[\$9.00]
LUMP SUM INDEMNITY, RIDER FORM CUL-HRSL*		
Benefit for Primary Insured	[\$40 to \$10,000 in increments of \$20]	[\$19.20]
Benefit for Eligible Spouse	[\$40 to \$10,000 in increments of \$20]	[\$19.20]
Benefit for each Eligible Dependent Child	[\$40 to \$10,000 in increments of \$20]	[\$7.80]
SPECIFIED INJURY BENEFIT, RIDER FORM CUL-HRSI*		
Primary Insured		[\$42.00]
Eligible Spouse		[\$21.00]
Eligible Dependent Child		[\$21.00]
FIRST HOSPITAL CONFINEMENT, RIDER FORM CUL-HRFHC*		
Primary Insured		[\$150.00]
Eligible Spouse		[\$150.00]
Eligible Dependent Child		[\$84.00]

* Or Appropriate State Edition

DEFINITIONS

WHEN WE USE THE TERMS THAT FOLLOW, WE MEAN:

Actively at Work: An Insured is Actively at Work when he/she performs all the normal duties of his/her Regular Occupation:

- a. on a full-time basis (at least 27 hours per week); and
- b. at his/her employer's usual place of business.

An Insured is deemed to be Actively at Work on each day of paid holiday or vacation during which he/she is not Totally Disabled, provided he/she was Actively at Work on the last preceding working day.

Dental Treatment: Treatment of the teeth and/or periodontal area.

Dependent Child: A financially dependent child, foster, stepchild or adopted child of the Primary Insured or any child placed with the Primary Insured that has filed a petition to adopt, named on the application, unless specifically excluded in any part of this Policy. Any newborn or child placed for adoption or whom the Primary Insured has filed a petition to adopt, or foster care after the Policy Effective Date is considered a Dependent Child.

Eligible Dependent Child(ren): Unless specifically excluded in any part of this Policy, means:

- a. Your unmarried Dependent Child under age 19 who is living with You and chiefly dependent on You for support and maintenance; or
- b. Your unmarried Dependent Child under age 23 if he/she is a full-time student at an accredited school, college, or university and We are furnished proof of such enrollment; or
- c. Your unmarried Dependent Child age 23 or over, who is chiefly dependent on You for support and maintenance if he/she is not able to support him/herself because of mental or physical incapacity. The burden of proof that such Dependent Child is and has continued to be incapacitated rests with You. You must give proof of the incapacity acceptable to Us at Our Administrative Office as asked for but not more than once a year.

Eligible Spouse: Your spouse listed on the application unless specifically excluded in any part of this Policy. Your spouse will cease to be an eligible spouse on the day a valid decree of divorce is issued.

Elimination Period: The number of consecutive days of confinement to a Hospital during each Period of Confinement before Benefits become payable under this Policy. Benefits are not payable during the Elimination Period. The Elimination Periods for Injury and Sickness are shown on the Policy Schedule.

Hospital: A lawfully operating institution which:

- a. has resident facilities for sick and injured patients; and
- b. mainly provides diagnostic, medical and surgical treatment for a fee to sick or injured persons (or has such treatment facility available on a prearranged, contractual basis); and
- c. has 24 hour nursing service by or under the supervision of a graduate registered nurse; and
- d. has at least one Physician on the staff who is on call at any time; and
- e. is accredited by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association, subject to the limitations in the paragraph below.

A hospital is not an institution or part of an institution that mainly provides rehabilitation, custodial, convalescent, nursing, and extended or rest care.

Hospital Confinement: Admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness for which there is a room and board charge by the Hospital. The assignment must be on the advice of a Physician and be Medically Necessary. We do not consider confinement to an emergency room, outpatient treatment room, or observation unit as a hospital confinement.

Insured: The Primary Insured and any Insured Dependents shown on the Policy Schedule.

Insured Dependents: The Insured Dependents shown on the Policy Schedule.

Injury/Injured: Bodily injury sustained which:

- a. is directly caused by an accident, independent of all other causes; and
- b. has not been specifically excluded by name or description in this Policy; and
- c. is not caused or contributed to by Sickness; and
- d. occurs while this Policy is in force for the Insured.

Material and Substantial Duties: Those duties normally required for the performance of the Insured's Regular Occupation and cannot be reasonably omitted or modified.

Maximum Benefit Period: The period of time during which the Daily Benefit is payable for a Period of Confinement. The Maximum Benefit Period is shown on the Policy Schedule.

Medically Necessary: The treatment services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.

Mental or Nervous Disorders: A neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease/disorder of any kind.

Period of Confinement: One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while the coverage is in force for the Insured.

Physician: A person who:

- a. is operating within the scope of his/her license; and either
- b. is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- c. is legally qualified as a medical practitioner and required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

A physician does not include a family member of the Insured. Family member means You, Your spouse, children, grandchildren, siblings, parents, grandparents, or corresponding in-laws.

Policy Anniversary: The yearly anniversary of the Policy Effective Date.

Policy Effective Date: The Policy Effective Date is shown on the Policy Schedule. It will be used to determine Premium due dates and anniversary dates. The Policy Effective Date is the date coverage begins.

Policy Schedule: This is page 3 of this Policy.

Regular Care: The Insured personally visits a Physician as frequently as medically required, according to generally accepted medical standards, to effectively manage and treat the disabling condition(s); and is receiving the most appropriate treatment and care, which conforms with generally accepted medical standards, for the disabling condition(s) by a Physician whose specialty or experience is the most appropriate for those condition(s), according to generally accepted medical standards.

Regular Occupation: The occupation the Insured is routinely performing when Total Disability begins. We will look at the occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.

Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Policy is in force for the Insured; and (2) does not result from Pre-existing Conditions as defined; and (3) has not been specifically excluded by name or description in this Policy.

Totally Disabled or Total Disability: You are Totally Disabled when You are not being paid for performing any work or service for pay and unable to perform all the Material and Substantial Duties of Your Regular Occupation during the Elimination Period and the next 2 years of disability; thereafter, it means Your inability to perform the duties of any occupation for which You are reasonably suited by education, training or experience.

You are not totally disabled when You are not under the Regular Care of a Physician (unless the Physician tells Us and We agree that Regular Care would be of no further benefit to You during such continuing disability).

We, Our, the Company and Us: refers to the Company as indicated on the cover of this Policy.

You, Your and Yours: The Primary Insured as indicated on the Policy Schedule.

GENERAL AGREEMENT

We agreed to issue this Policy to You because:

- a. You paid the first Premium; and
- b. We relied on the answers in Your application.

Your application is attached and is a part of Your Policy. This Policy is a legal contract between You and Us.

This Policy covers the Insured and any person added as an Insured after the Policy Effective Date. Any changes to this Policy will be shown by an amendment, endorsement or Rider to be attached to this Policy.

Each Policy term begins at 12:01 AM, standard time on the Policy Effective Date at the place You live. It ends at 12:00 PM, standard time, on the last day Premiums are paid, subject to the Grace Period. You may then renew this Policy subject to the Renewal Condition provision on the cover of this Policy.

PREMIUMS

All Premium due dates are determined from the Policy Effective Date.

The first Premium is due before We deliver the Policy. All other Premiums are due in advance of the term they are to cover.

You may pay Premiums on any mode acceptable to Us. This Policy will remain in force for the term for which Premiums are paid.

Change in Premium Rate: We have the right to change Premiums at any time and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. If We do change the Premiums, We will do so only:

- a. if We change the Premiums for all policies of this same form and issue age in Your state of issue; and
- b. if such change is in accordance with the laws and regulations of Your state of issue; and
- c. if We give You 45 days notice before such change becomes effective.

Any change in the Premium will be based on Your age on the Policy Effective Date.

Refund of Unearned Premium: Within 30 days of proof of death or cancellation of this Policy, We will refund any unearned Premium. Unearned Premium is any Premium paid for any period beyond the end of the month in which death or cancellation occurred.

BENEFITS

We will pay a Daily Benefit, as shown on the Policy Schedule for each day of Hospital Confinement for an Insured for Injury or Sickness. Before Benefits are payable, the Hospital Confinement must:

- a. be at the direction of and under the supervision of a Physician; and
- b. continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness; and
- c. begin after the Policy Effective Date and while this Policy is in force for the Insured; and
- d. be due to Injury or Sickness that is not excluded by name or description in this Policy; and
- e. result in the insured being admitted to the Hospital for more than one calendar day.

Benefits payable will not exceed the Maximum Benefit Period for any Period of Confinement. For benefits to be payable, the Insured must have been charged room and board by the Hospital for each day of Hospital Confinement.

LIMITATIONS & EXCLUSIONS

This Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from:

- a. treatment of alcoholism or drug addiction; or
- b. being legally intoxicated or being under the influence of any drug unless prescribed by a Physician; or
- c. attempted suicide while sane or insane or willful and intentional self-inflicted Injury; or
- d. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; or
- e. engaging in an illegal activity; or
- f. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or (2) to restore normal bodily functions; or
- g. care that is primarily for rest, convalescence or rehabilitation; or
- h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or
- i. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or
- j. any Pre-Existing Conditions as defined in this Policy; or
- k. conditions specifically excluded by amendment or endorsement.

This Policy (including any Rider(s) attached) does not pay and Daily Benefit amount(s) if there is no Hospital room and board charge.

PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-months period immediately preceding the Policy Effective Date. Pre-Existing Conditions exclusions may not be implemented by any successor plan as to any Insureds who have already met all or part of the waiting period requirements under any previous plan. Credit must be given for that portion of the waiting period that was met under the previous plan.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

TERMINATION

All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of:

- a. when You fail to pay Premiums within Your Grace Period; or
- b. when You die; or
- c. the Policy Anniversary Date You no longer meet the Renewal Condition as defined on the cover of this Policy; or
- d. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will:

- a. refund any Premium accepted for the period the Insured ceases to be an Eligible Dependent Child or Eligible Spouse; and
- b. consider any claim that began before the insurance ended; and
- c. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

ELIGIBILITY AND ADDITION OF PERSONS

Your spouse and any other children who qualify as an Eligible Dependent Child, as defined in this Policy, may be added to this Policy. To add a person (other than a newborn, foster or adopted child) to this Policy after the Policy Effective Date, You must:

- a. make written application to Us; and
- b. furnish proof that the person is insurable by Our underwriting standards; and
- c. pay the additional Premium due for that person. The first Premium for the person to be added will be determined from the effective date of his/her coverage. The person added will be subject to the Pre-Existing Conditions provision of this Policy.

Any child born to You while this Policy is in force will be automatically insured from the moment of birth for 90 days. A child placed with You for adoption or whom You filed a petition to adopt after the Policy Effective Date shall automatically be covered for a period of 60 days from the earlier of: (1) the date You file petition for adoption; or (2) birth if the adopted child is a newborn. A child placed with You as a foster child shall automatically be covered for a period of 60 days from the date of placement.

Coverage and Benefits for the child will be the same as those that are provided for the following Insureds, successively:

- a. any other Insured Dependents; if none, then
- b. You.

The Pre-Existing Conditions provision of this Policy is waived with respect to such child. Coverage for a child placed for the purpose of adoption will end if the adoption is stopped prior to legal adoption and the child is removed.

Without Eligible Dependent Children coverage: To continue coverage for the newborn, foster or adopted child beyond the insured period, You must: (1) notify Us in writing; and (2) pay the Premium for the child within: (a) 90 days from the date of birth for a child born to You (b) for an adopted child, 60 days from the date You file a petition for adoption or the date of birth; or (c) 31 days from the date of placement of a foster child. Premiums for the child will be prorated to the next Premium due date of this Policy. If We are not notified and the required Premium is not paid within such time, the coverage for the child will terminate at the end of the time periods shown above.

With Eligible Dependent Children coverage: Please notify Us in writing as soon as possible to be sure that the child is properly enrolled, that coverage is in place and that medical care can be obtained when sought. A newborn child will be covered from the moment of birth. A foster child will be covered from the moment of placement. An adopted child will be covered from the earlier of: (1) the date You file a petition for adoption; or (2) birth if the adoptive child is a newborn.

CONVERSION PRIVILEGE

When an Eligible Dependent Child ceases to be an Eligible Dependent Child, as defined, coverage can be converted to a new policy. We must receive a written application and the required Premium within 31 days after the date this coverage is to end. The new policy will:

- a. be issued without evidence of insurability; and
- b. be a policy form We offer in the state the person lives which is most similar to (but not greater than) this Policy; and
- c. exclude any conditions that were excluded in this Policy for such Insured and cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Dependent Child ended under this Policy. The Premium will be based on Our table of rates in effect on the Policy Effective Date of the new policy for such person's attained age and state of residence at the time of conversion.

If You and Your Eligible Spouse become divorced, Your Eligible Spouse may convert to a new policy. Written application for the policy must be made to Us and the required Premium paid within 60 days after the date this coverage is to end. The new policy will:

- a. be issued without evidence of insurability; and
- b. be a policy form We offer for conversion in the state the person lives (but not greater than this Policy); and
- c. exclude any conditions that were excluded in this Policy for such Insured and cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Spouse ended under this Policy. The Premium will be based on Our table of rates in effect on the Policy Effective Date of the new policy for such person's attained age and state of residence at the time of conversion.

At the option of the Eligible Spouse, any Eligible Dependent Children covered under this Policy (for whom the Eligible Spouse has the obligation of support) may also be converted to the new policy. Said conversion is subject to the same conditions as the Eligible Spouse's conversion.

Your Eligible Spouse may convert to a new Policy If You Die. Your Eligible Spouse may convert to a new policy. Application for the policy must be made to Us and the required Premium paid within 60 days after the date this coverage is to end. The new policy will:

- a. be issued without evidence of insurability; and
- b. be a policy form We offer for conversion in the state the person lives (but not greater than this Policy); and
- c. exclude any conditions that were excluded in this Policy for such Insured and cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the day after the date coverage for the Eligible Spouse ended under this Policy. The Premium will be based on Our table of rates in effect on the Policy Effective Date of the new policy for such person's attained age and state of residence at the time of conversion.

At the option of the Eligible Spouse, any Eligible Dependent Children covered under this Policy (for whom the Eligible Spouse has the obligation of support) may also be converted to the new policy. Said conversion is subject to the same conditions as the Eligible Spouse's conversion.

GENERAL PROVISIONS

Cancellation by the Insured: You may cancel this Policy at any time by giving written notice to the Company. We will cancel this Policy upon receipt of such notice or on a later date if specified in the notice. The Company will return any Unearned Premium paid. The Unearned Premium will be computed on a pro-rata basis. Cancellation will be without prejudice to any claim that began prior to the effective date of cancellation.

Change of Beneficiary: You may change Your beneficiary at any time by giving Us notice in writing. The consent of the beneficiary is not required for this or any other change in the Policy, unless the beneficiary is irrevocable.

Claim Forms: Upon receipt of a Notice of Claim, We will send You claim forms for filing Proof of Loss. If We do not send these forms to You within 15 days after You notify Us, You will have complied with Proof of Loss requirements if You give to Us within 90 days a written statement of the nature and extent of the loss. The written statement must include verification by a Physician that such Insured suffered a loss as defined in this Policy.

Entire Contract: This Policy, with the application and any attached Rider(s), amendments and endorsements, is the entire contract between You and Us. In the absence of fraud, all statements made in any application are considered representations and not warranties. No such statement unless it is contained in the written application will: (1) void the Policy; or (2) reduce the Benefits; or (3) be used in defense of a claim.

Only Our officer may change this Policy in whole or part. No change will be valid unless it is: (1) made in writing; and (2) signed by such officer; and (3) attached to this Policy. No other person, including an agent, may change this Policy or waive any of its provisions.

Grace Period: This Policy has a 31-day grace period. This means that if a Premium (other than the first) is not paid on or before the date it is due, it may be paid during the next 31 days after it is due. During the grace period the Policy will stay in force. If the Premium is not paid before the grace period ends, the coverage will end.

Legal Action: No legal action may be brought to recover on this Policy until 60 days after You send Us written Proof of Loss. No such action may be brought after 3 years from the time We require written Proof of Loss.

Misstatement of Age: If the age of an Insured has been misstated, We will pay only such amounts as the Premium paid would have bought at the correct age. If an Insured's age was overstated, We will refund any excess Premium if We are notified of this fact. Our liability will be limited to the refund of the Premium paid for the term not covered by the Policy if:

- a. as the result of misstatement of the age of an Insured, We accept Premiums for a term beyond the date the coverage would have ceased; or
- b. according to the correct age the coverage would not have become effective for any reason.

Notice of Claim: Written notice of claim must be given to Us within 60 days after a covered loss, or as soon as is reasonably possible. Notice can be given to Us at Our Administrative Office as indicated on the Cover of this Policy or to any authorized agent of the Company. Notice should include the name of the Insured and this Policy Number.

Payment of Claims: Loss of life Benefits, if any, will be paid to the last designated beneficiary shown in Our records. If no beneficiary designation is then in effect, the Benefits will be paid to You or Your estate. All other Benefits will be paid to You. If any accrued Benefits payable to You are unpaid when You die, We may pay them to Your estate or to Your beneficiary. If Benefits are payable to Your estate or to a minor or other person not competent to give a valid release, We may pay such Benefit, up to \$5,000, to any relative by blood or marriage to You who is deemed by Us as entitled to such Benefits.

If We made a payment in good faith under this provision, We will be released from liability to the extent of the payment.

Physical Examination and Autopsy: At Our expense, We can require an Insured to have an examination as often as necessary while a claim is pending. We can require an autopsy in the event of an Insured's death, unless prohibited by law in the state that the Insured lives.

Proof of Loss: Written proof of loss must be furnished to Us at Our Administrative Office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. Proof must be sent as soon as reasonably possible and except in the absence of legal capacity, no later than 1 year from the time proof is otherwise required. We have the right to request records as may be reasonably necessary to determine if any Benefits are payable under this Policy.

Reinstatement: If a Premium is not paid before the Grace Period ends, this Policy will lapse. If We accept the Premium without requiring an application for reinstatement, this Policy will be reinstated.

We require a reinstatement form or a new application to reinstate a Policy. If We approve the application, the Policy will be reinstated with a new Policy Effective Date. If We do not notify You that We have disapproved the reinstatement application, the Policy will be reinstated on the 45th day after the date We receive such application.

The reinstated Policy will cover only loss that results from: (1) an Injury that occurs after the date of reinstatement; or (2) a Sickness that starts more than 10 days after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

After the reinstated Policy has been in force for 2 years from the date of reinstatement, We cannot cancel or deny Benefits because of any misstatement, except Fraudulent Misstatements, made by You in the reinstatement application.

Any Premiums We accept for a reinstatement will be applied to a period for which Premiums have not been paid. No Premiums will be applied to any period more than 60 days before the reinstatement date.

Right to Review Records: We have the right to review any records that may apply to Your claim.

Time Limit on Certain Defenses: After the Policy has been in force for 2 years from the Policy Effective Date, We cannot cancel or deny Benefits because of any misstatement made by You in the application for the Policy.

If a Rider is added after the Policy Effective Date, We cannot cancel or deny Benefits because of a misstatement made by You in the application after the Rider has been in force for 2 years from the Rider's Effective Date.

After the coverage has been in force beyond the Pre-Existing Conditions period, We will pay Benefits for any Pre-Existing Conditions not specifically excluded by name or description in the Policy, Rider or endorsement.

Time of Payment of Claims: Upon receipt of written Proof of Loss, We will pay the Benefits then due.

Unpaid Premium: When a claim is paid, any Premiums due and unpaid may be deducted from the claim payment.

Conformity with State Statutes: Any provision of this Policy that on the Policy Effective Date is in conflict with the statutes of the state in which it was issued is amended to conform to the minimum requirements of such statutes.

HOSPITAL INDEMNITY POLICY

**GUARANTEED RENEWABLE TO AGE 65, CONDITIONALLY RENEWABLE THEREAFTER.
SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS.**

IMPORTANT NOTICE

PLEASE READ THE COPY OF THE APPLICATION ATTACHED TO THIS POLICY. IF ANY INFORMATION ON THE APPLICATION IS NOT TRUE AND COMPLETE, WRITE TO US AT OUR ADMINISTRATIVE OFFICE WITHIN 10 DAYS. THE APPLICATION IS A PART OF THIS POLICY, WHICH WAS ISSUED ON THE BASIS THAT THE ANSWERS TO ALL QUESTIONS AND THE INFORMATION SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

CENTRAL UNITED LIFE INSURANCE COMPANY

[10700 Northwest Freeway, Houston, Texas 77092]

Application for Insurance

FRAUD: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ Check if replacing or changing existing coverage in this company.

Policy Number _____

PERSONS PROPOSED FOR INSURANCE								
Last Name	First	Middle	Relationship	Birthdate	Sex	Height	Weight	Social Security Number
			Primary Insured	/ /				
			Spouse	/ /				
			Child	/ /				
			Child	/ /				
			Child	/ /				
Address				City	State	Zip	Home Telephone ()	
Secondary Address				City	State	Zip	Home Telephone ()	
Payor or Owner if other than Primary Insured			<input type="checkbox"/> Payor <input type="checkbox"/> Owner	Social Security No. - -		Relationship to Primary Insured		
Employer			Date Employed	Occupation				
Hours Worked/Week		Monthly Income \$		Group Number			Employee/Payroll Number	
Beneficiary (Estate of Primary Insured unless beneficiary named)							Age	Relationship

FOR THE PAST 30 DAYS: Have all proposed Insureds been performing normal activities and been actively at work full time at their regular occupation? ____ Yes ____ No. If "No", explain: _____

WILL THIS POLICY REPLACE OR CHANGE ANY: Existing Life or Health Insurance in this or any other company? ____ Yes ____ No.

If "Yes", complete replacement form where required.

INSURANCE PLANS								Monthly Premium
HOSPITAL	Base Policy	AD & D Rider	Emergency Acc. Rider	Hospital Injury Rider	ICU Rider	Lump Sum Rider	Outpatient Sick.Rider	
<input type="checkbox"/> 0/0 180 Primary Ins.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> 0/0 365 Spouse	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> 0/1 365 Children	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
	Private Nurse Rider	Surgical Rider	Surgical + Rider	Spec. Injury Rider	1 st Hospital Conf. Rider			
Primary Insured	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	
Spouse	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	
Children	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

If Guaranteed Issues requirements are met, medical underwriting will be waived.

- HAS ANY PROPOSED INSURED:** Ever been treated for or been told by a member of the medical profession that he/she had Acquired Immune Deficiency Syndrome (AIDS) and/or tested positive for HIV (Human Immunodeficiency Virus)? ____ Yes ____ No
- HAS ANY PROPOSED INSURED:** Consulted a Physician, received medical treatment of any kind, or been hospitalized or confined during the past 4 years? ____ Yes ____ No
- IS ANY PROPOSED INSURED** currently covered or eligible for Medicare? ____ Yes ____ No. If Yes, a "Guide to Health Insurance for People with Medicare" must be given to any proposed Insured age 65 or over.

Details of "Yes" answers in 1 or 2 above. Attach additional sheet if necessary.

Question No.	Name	Date	Type of Injury/Illness	Doctor/Hospital & Address	Fully Recovered?	Medication Taken

Authorization to Obtain and Release Information: I hereby AUTHORIZE any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc. (MIB) consumer reporting agency or employer, or other organization, institution or person having any record of me or any member of my family available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or a member of my family and any other non-medical information of me or a member of my family to give to Central United Life Insurance Company, its reinsurers or its legal representative, any and all such information as permitted by law and the rules of MIB, Inc. I also authorize any consumer reporting agency to prepare or procure an investigative consumer report on me. I understand the information obtained by use of the Authorization will be used by Central United Life Insurance Company to determine eligibility for insurance and/or eligibility for benefits under an existing policy. I AGREE that all answers given in this application are complete and true to the best of my knowledge and belief, and that this application is to be attached to and made a part of the policy. I AGREE that a photographic copy of this Authorization shall be as valid as the original. I or my authorized representative is entitled to a copy of this Authorization. This Authorization will remain valid for twenty-four (24) months and may be revoked at any time. The revocation of the authorization must be submitted in writing. I ACKNOWLEDGE receipt of the Notice of Information Practices and the Medical Information Bureau Disclosure Notice.

I agree and understand that no insurance coverage will be in force until the effective date specified by the Company. No Agent or Broker is authorized to make or modify any policy or waive any of Central United's rights or requirements or waive the answer to any question in the application. No change to the policy will be valid until approved by an Officer of the Company which must be noted on or attached to the policy. The policy with this application and any endorsements, riders or other papers, if any, is the entire contract of insurance. I hereby apply for insurance coverage to be issued solely and entirely in reliance upon the written answers to the foregoing questions and/or information obtained by the Company in its underwriting process. I and my agent certify that I have read or had read to me all the questions and answers in this completed application and such answers to the best of my (our) knowledge and belief are true and complete. I understand and agree that the falsity of any answer or statement in this application which materially affects the acceptance of the risk or hazard assumed by the Company may bar the right to any recovery under any policy(s) issued contracts, waive any Company rights or requirements or waive any information the Company requests.

AGENT'S STATEMENT: I, the undersigned agent, also certify that to the best of my knowledge, replacement ☐ is ☐ is not involved at this time.

Signed at _____ this _____ day of _____ 20 _____
City, State

X _____ X _____ X _____
Signature of Primary Insured Payor/Owner (if other than Proposed Insured) Spouse
(Parent if person to be insured is less than 15 years old)

X _____ % _____
Signature of Agent Agent's Name (printed) Agent No. % Credit State ID No.

NOTICE: ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO CENTRAL UNITED LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

CUL-HPHI-APP-2010-AR

PREMIUM DEDUCTION AUTHORIZATION TO THE EMPLOYER

You are hereby authorized to deduct \$ _____ from my pay according to the deduction mode indicated below, until further notice from me, and remit to Central United Life Insurance Company [10700 Northwest Freeway, Houston, Texas 77092].

Premiums will be deducted ☐ Weekly ☐ Monthly ☐ Bi-Monthly ☐ Other Specify _____

Name _____ Date _____

Employee's Signature _____ Agent's Signature _____

BANK DRAFT AUTHORIZATION TO HONOR CHECKS DRAWN BY CENTRAL UNITED LIFE INSURANCE COMPANY

To _____

Your Bank's Address _____

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of Central United Life Insurance Company of [Houston, Texas] provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually received such notice I agree that you shall be fully protected in honoring such check. I further agree that if any such checks be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Date _____ X _____
Your signature Exactly as it appears on Bank Records Account No.

**Notice of Information Practices
Including Fair Credit Reporting Act Notice and MIB, Inc. Notice**

**To obtain further information, contact
Central United Life Insurance Company
[10700 Northwest Freeway, Houston, TX 77092]**

Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the above address. You may receive a copy of such report by contacting the reporting agency.

Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We will not disclose information about you without your prior written authorization except as permitted by law. In certain situations we may disclose, as allowed by law, all types of nonpublic personal information as is necessary in order to conduct our business.

This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our Home Office at the address on the front of this Notice..

MIB, Inc. Notice

While the information regarding your insurability is treated as confidential, Central United Life Insurance Company or its reinsurers may make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, the Medical Information Bureau, upon request from that member company, will supply the information in its file. Upon written request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's Information Office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone number (781) 751-6000. We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance or to whom a claim for benefits may be submitted.

CENTRAL UNITED LIFE INSURANCE COMPANY
[10700 Northwest Freeway]
[Houston, Texas 77092]

HOSPITAL INDEMNITY POLICY
POLICY FORM CUL-HPHI2010-AR

REQUIRED OUTLINE OF COVERAGE

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

PARAGRAPH 1. Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2. Hospital Indemnity coverage is designed to provide You with a fixed daily benefit during periods of Hospital confinement resulting from a covered Injury or Sickness or combination thereof. Coverage is provided for the Benefits outlined in paragraph (3). The Benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3

BENEFITS

POLICY SCHEDULE

Hospital Indemnity Benefit

Elimination Period: Injury	0 Days
Elimination Period: Sickness	[0; 1] Day
Maximum Benefit Period	[180; 365] Days
Daily Benefit for Primary Insured	[\$80 to \$500 in increments of \$10]
Daily Benefit for Eligible Spouse	[\$80 to \$500 in increments of \$10]
Daily Benefit for each Eligible Dependent Child	[\$80 to \$500 in increments of \$10]

HOSPITAL INDEMNITY BENEFIT

We will pay a Daily Benefit, as shown on the Policy Schedule for each day of Hospital Confinement for an Insured for Injury or Sickness. Before Benefits are payable, the Hospital Confinement must:

- a. be at the direction of and under the supervision of a Physician; and
- b. continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness; and
- c. begin after the Policy Effective Date and while the Policy is in force for the Insured; and
- d. be due to Injury or Sickness that is not excluded by name or description in the Policy; and
- e. result in the insured being admitted to the Hospital for more than one calendar day.

Benefits payable will not exceed the Maximum Benefit Period for any Period of Confinement. For Benefits to be payable, the Insured must have been charged room and board by the Hospital for each day of Hospital Confinement.

PARAGRAPH 4

LIMITATIONS AND EXCLUSIONS

The Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from:

- a. treatment of alcoholism or drug addiction; or
- b. being legally intoxicated or being under the influence of any drug unless prescribed by a Physician; or
- c. attempted suicide while sane or insane or willful and intentional self-inflicted Injury; or
- d. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; or
- e. engaging in an illegal activity; or

- f. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or (2) to restore normal bodily functions; or
- g. care that is primarily for rest, convalescence or rehabilitation; or
- h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or
- i. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or
- j. any Pre-Existing Conditions as defined in the Policy; or
- k. conditions specifically excluded by amendment or endorsement.

The Policy (including any Rider(s) attached) does not pay and Daily Benefit amount(s) if there is no Hospital room and board charge.

PARAGRAPH 5

OPTIONAL BENEFIT RIDERS

(Available with additional premium)

Emergency Accident Rider: If an Insured is Injured and requires Emergency Care by a Physician, We will pay a Benefit Amount [\$50 to \$500 in increments of \$50]. The treatment must be rendered in an emergency room of a Hospital or in a Physician's office and received within 72 hours of the Injury. Benefits are limited to 4 treatments per Insured in a Calendar Year with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children are limited to a combined total of 4 different Emergency Care treatments each Calendar Year.

Outpatient Sickness Rider: If an Insured requires outpatient treatment due to a Sickness and such treatment is rendered in: a) an out-of-Hospital facility, We will pay the Benefit Amount; or b) a Hospital emergency room, We will pay 1.5 times the Benefit Amount. The Benefit Amount is [\$25 to \$500 in increments of \$25]. Benefits are limited to 4 different Sicknesses each Calendar Year with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children are limited to a combined total of 4 different Sicknesses each Calendar Year.

Intensive Care Unit Rider: If an Insured is confined in a Hospital's Intensive Care Unit due to an Injury or Sickness, We will pay the Daily Benefit Amount [\$10 to \$2,500 in increments of \$10] for each day of confinement for which there is a room and board charge by the Hospital. This amount is not to exceed 20 days during any Period of Confinement.

Accidental Death Benefit & Dismemberment Rider: We will pay the applicable Benefit Amount of [\$1,000 to \$100,000 in increments of \$1,000] for You, [\$1,000 to \$25,000 in increments of \$1,000] for Your Spouse and [\$1,000 to \$10,000 in increments of \$1,000] for each Eligible Dependent Child. However if such person(s) sustains an Injury, which results in death within 90 days of the Injury. If such death results from an Injury sustained while a fare-paying passenger in a common carrier, the amount payable will be twice the applicable Benefit Amount. We will pay the applicable Benefit Amount for an Injury which, within 90 days results in: a) loss of the sight of both eyes entirely, irrecoverably and uncorrectable; or b) severance of both hands at or above the wrist joint or both feet at or above the ankle joint; or c) severance of one hand at or above the wrist joint and one foot at or above the ankle joint. We will pay one-half the applicable Benefit Amount for an Injury which, within 90 days results in: a) loss of the sight of one eye entirely, irrecoverably and uncorrectable; or b) severance of one hand at or above the wrist joint or one foot at or above the ankle joint. The total amount We will pay for all losses as the result of any one Injury will not exceed the applicable Benefit Amount except for death resulting from a common carrier accident as described above.

Surgical Plus Rider: If a Physician performs surgery due to Injury or Sickness while the Rider is in force, We will pay a scheduled Surgical Benefit subject to a Maximum Benefit [\$500 to \$2,500 in increments of \$100]. When anesthesia is used by a Physician on an Insured during a covered surgical procedure, We will pay 25% of the amount paid under the Surgical Benefit for the anesthesia. The Rider also includes the following additional Benefits: **Breast Reconstructive Surgery Benefits:** We will pay a scheduled benefit when breast reconstructive surgery is performed on an Insured after a covered mastectomy under the Surgical Benefit. **Breast Prosthetic Devices Benefit:** We will pay a scheduled benefit when breast prosthetic devices are used on an Insured after a covered

mastectomy under the Surgical Benefit for a maximum of two prosthetic devices. **Mammography Screening Benefit:** We will pay 4% of the Insured's Maximum Benefit when a mammography screening is performed subject to the frequency requirements at age intervals contained in the Rider. At any age, the Benefit will be paid if the mammogram is performed at the request of the Insured's Physician. **Papanicolaou Test (Pap Smear) Benefit:** We will pay 1% of the Insured's Maximum Benefit shown above when a Pap Smear is performed limited to one screening test per year for ages 18 and over.

Surgical Rider: If a Physician performs surgery due to Injury or Sickness while the Rider is in force, We will pay a scheduled Surgical Benefit subject to a Maximum Benefit [\$500 to \$25,000 in increments of \$100]. When anesthesia is used by a Physician on an Insured during a covered surgical procedure, We will pay 25% of the amount paid under the Surgical Benefit for the anesthesia.

Private Duty Nurse Rider: For each day an Insured receives the services of a Private Duty Nurse during a Hospital Confinement, We will pay the Daily Benefit Amount [\$10 to \$250 in increments of \$10] up to a maximum of 30 days during any Period of Confinement. The service must: a) be rendered as the result of an Injury or Sickness; b) be at the direction of and under the supervision of a Physician; c) be Medically Necessary and provided for at least 8 hours a day; and d) begin while the Rider is in force for the Insured. We will pay only one Daily Benefit for all Private Duty Nurse services received within a consecutive 24-hour period.

Hospital Injury Indemnity Rider: We will pay the Benefit Amount [\$30 to \$500 or the Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10] for a Hospital Confinement which: a) begins while the Rider is in force for the Insured; b) is at the direction and supervision of a Physician; and c) for treatment of an Injury. The maximum number of days We will pay during a Period of Confinement is 365.

Lump Sum Indemnity Rider: We will pay the Benefit Amount [\$40 to \$10,000 in increments of \$20] for an Insured's First Hospital Confinement, which is: a) due to Injury or Sickness; b) begins while the Rider is in force for the Insured; and is at the direction of and under the supervision of a Physician. This Benefit is limited to the Benefit Amount each Calendar Year for each Insured.

Specified Injury Benefit Rider: We will pay the following Benefits: **Appliance:** We will pay \$25 if an Insured is Injured and is required to use an appliance as a result of the Injury. Dental appliances or orthodontia will not be covered. A Physician must advise the use of an appliance and the Insured must begin using it within 90 days after the Injury. **Ambulance:** We will pay \$25 if an Insured is Injured and requires transportation by a professional ambulance service to a Hospital within 90 days after the Injury. **Blood/Plasma:** We will pay \$50 if an Insured is Injured and requires blood/plasma within 90 days after the Injury. **Burns:** We will pay \$600 if an Insured receives burns in an Injury and is treated by a Physician within 72 hours after the Injury. The burns must be second degree burns that cover at least 36% of the body surface or third degree burns that cover at least nine square inches of the body surface. **Dislocation (Separated Joint):** We will pay a scheduled benefit if an Insured receives a dislocation due to an Injury which is diagnosed by a Physician as a dislocation within 90 days after the Injury and which requires correction with the use of Anesthesia. Modified benefit amounts apply if an Insured receives more than one dislocation in an Injury, if a dislocation does not require anesthesia, if the dislocation is an incomplete dislocation or if an Insured receives a fracture and a dislocation in the same Injury. **Eye Injury:** We will pay \$100 if an Insured receives an eye injury requiring surgery with anesthesia that is performed by a Physician within 90 days after the Injury. **Fracture (Broken Bone):** We will pay a scheduled benefit if an Insured receives a fracture in an Injury which is diagnosed by a Physician within 90 days after the Injury and which requires correction by a Physician. Modified benefit amounts apply if an Insured receives more than one fractured bone in an Injury, a chop fracture, or if the Insured receives a fracture and a dislocation in the same Injury. **Ruptured Disk:** If an Insured receives a ruptured disk in an Injury which is treated by a Physician within 90 days after the Injury and repaired with surgery within one year after the Injury, We will pay \$100 if such Injury occurs less than one year after the Rider effective date and \$400 if such Injury occurs one year or more after the Rider effective date. **Tendon/Ligament:** If an

Insured receives an Injury to a tendon/ligament causing it to be torn, ruptured or severed and which is repaired within 90 days of the Injury, We will pay \$500 for repair of one tendon or ligament and \$750 for repair of all tendons/ligaments if more than one. **Torn Knee Cartilage:** If an Insured receives a torn knee cartilage (meniscus) in an Injury which is treated by a Physician within 90 days of the Injury and repaired by a Physician with surgery within one year after the Injury, We will pay \$100 if the Injury occurs less than one year after the Rider effective date and \$400 if the Injury occurs one year or more after the Rider effective date. **Gunshot Wound:** We will pay \$1,000 if You are Injured by a gunshot wound caused by a projectile from a conventional firearm and You did not intentionally shoot Yourself. It must require treatment by a Physician, including Hospital Confinement within 24 hours and surgery within 72 hours after the Injury. There are no Gunshot Wound benefits for Insured Dependents. If You are shot more than once in a 24-hour period, We will pay Benefits only for the first wound. Modified benefits apply if You receive a fracture or a dislocation as the result of the same gunshot would accident. The following limitations and exclusions apply to this Benefit in addition to those contained in the Hospital Confinement Policy: a) riding in or driving any motor-driven vehicle in a race, stunt show or speed test; b) driving a car or any other licensed vehicle on a highway without a valid operator's license; c) mountaineering, sky diving, hang gliding or bungee jumping; or d) Insured Dependent(s) practicing for or participating in any high school, college, semi-professional or professional competitive athletic contest. This does not apply to intramural sports. Sickness is not covered under the Specified Injury Rider.

First Hospital Confinement Rider: We will pay the Benefit Amount shown for an Insured's First Hospital Confinement which: a) is due to Injury or Sickness; b) begins while the Rider is in force for the Insured; and c) is at the direction of and under the supervision of a Physician. The Benefit Amount is not a cumulative benefit and will not exceed \$5,000 for each Insured each Calendar Year.

Total Days of Hospital Confinement	Benefit Amount
One	\$500
Two	\$1,000
Three	\$2,000
Four	\$3,000
Five	\$4,000
Six	\$5,000

PARAGRAPH 6

RENEWABILITY

The Policy is Guaranteed Renewable until the Policy Anniversary Date on or after Your 65th birthday, if You pay the correct Premium when due or within the Grace Period. Thereafter, You have the right to renew the Policy if You are Actively At Work and You pay the correct Premium when due or within the Grace Period.

PARAGRAPH 7

PREMIUM

We reserve the right to change the Premium rates. If We do this, We will give You 45 days notice of such change. The Policy provides a 31-day grace period during which period the Policy will remain in force.

Initial Premium for Base Policy: _____

Initial Premium for Optional Rider(s): _____

Total Initial Premium due with Application: _____

CENTRAL UNITED LIFE INSURANCE

Home Office: [Little Rock, AR 72201]

Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

EMERGENCY ACCIDENT RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider except as modified in this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Emergency Care: Medical treatment for an Injury demanding immediate attention.

Calendar Year: The period starting on the Policy Effective Date and ending on December 31 of the same year. From then on, it is the period starting on January 1 and ending on December 31.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

BENEFITS

If an Insured is Injured and requires Emergency Care by a Physician, We will pay the Benefit Amount shown on the Policy Schedule for such Insured. The treatment must be:

- a. rendered in an emergency room of a Hospital or in a Physician's office; and
- b. received within 72 hours of the Injury.

This Rider pays a Benefit for only one Emergency Care treatment per Injury. Any other Emergency Care treatments for the same Injury will not be subject to a Benefit. Benefits for Emergency Care treatments are limited to 4 such treatments per Insured in a Calendar Year, with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children, not for each covered child, are limited to a combined total of 4 different Emergency Care treatments each Calendar Year.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE
Home Office: [Little Rock, AR 72201]
Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

OUTPATIENT SICKNESS RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Calendar Year: The period starting on the Policy Effective Date and ending on December 31 of the same year. From then on, it is the period starting on January 1 and ending on December 31.

Sickness: Disease or illness, including pregnancy, which: (1) is diagnosed or treated while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

If an Insured requires outpatient treatment due to a Sickness and such treatment is rendered in:

- | | | |
|----|-------------------------------|---|
| a. | an out-of-Hospital facility - | We will pay the Benefit Amount shown on the Policy Schedule for such Insured per Sickness |
| b. | a Hospital emergency room - | We will pay 1.5 times the Benefit Amount shown on the Policy Schedule per Sickness |

Outpatient treatment must be by a Physician.

This Rider pays a Benefit for only one outpatient treatment per Sickness. Any other outpatient treatments for the same Sickness will not be subject to a Benefit. Benefits are limited to 4 different Sicknesses per Insured each Calendar Year, with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children, not for each covered child, are limited to a combined total of 4 different Sicknesses each Calendar Year.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE

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INTENSIVE CARE UNIT RIDER

Rider Effective Date: _____
(if other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Intensive Care Unit: A Hospital area of special care including cardiac and coronary care units, which at the time of admission is separate and apart from the surgical recovery room, or other rooms, beds or wards normally used for patient confinement. In addition, such a unit must provide the following:

- a. 24 hour continuous nursing care attended by nurses assigned to the unit on a full-time basis; and
- b. direction and/or supervision by a full-time Physician director or a standing "intensive care" committee of the medical staff; and
- c. special medical apparatus used to treat the critically ill.

Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

If an Insured Is confined in a Hospital's Intensive Care Unit due to an Injury or Sickness, We will pay the Daily Benefit amount shown on the Policy Schedule. We will pay this amount for each day of confinement for which there is a room and board charge by the Hospital; but not to exceed 20 days during any Period of Confinement, as defined in the Policy.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which the Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if::

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE
Home Office: [Little Rock, AR 72201]
Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

BENEFITS

- A. Accidental Death Benefit.** If an Insured is Injured, which results in death within 90 days of the Injury, We will pay the Benefit Amount shown on the Policy Schedule for such Insured. Such sum will be paid to Your designated beneficiary or to Your estate. If an Insured Dependent dies, the Benefit Amount will be paid to You.

If such death results from an Injury an Insured sustains while a fare-paying passenger in a common carrier, the amount payable will be twice the Benefit Amount shown on the Policy Schedule for such Insured. A common carrier is one licensed and operated exclusively to transport persons and charges a fare.

- B. Accidental Dismemberment and Loss of Sight Benefit:** We will pay the Benefit Amount shown on the Policy Schedule if an Insured is Injured which, within 90 days results in the:

- a. loss of the sight of both eyes entirely, irrecoverably and uncorrectable; or
- b. severance of both hands at or above the wrist joint or both feet at or above the ankle joint; or
- c. severance of one hand at or above the wrist joint and one foot at or above the ankle joint.

We will pay one-half of the Benefit Amount shown on the Policy Schedule if an Insured is Injured which, within 90 days results in the:

- a. loss of the sight of one eye entirely, irrecoverably and uncorrectable; or
- b. severance of one hand at or above the wrist joint or one foot at or above the ankle joint.

We will pay one-half of the Benefit Amount for such Insured who incurred the loss.

- C. Limit on Payment under this Rider:** The total amount We will pay for all losses, stated in Sections A and B above as the result of any one Injury, will not exceed the Benefit Amount shown on the Policy Schedule. The only exception is if an Insured's death results from a common carrier accident, We will pay twice the Benefit Amount shown on the Policy Schedule for such Insured.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

ELIGIBILITY AND ADDITION OF PERSONS

The fourth paragraph in the Eligibility and Addition of Persons section of the Policy is deleted and replaced with:

The Benefit Amount for the child will be the same amount as shown on the Policy Schedule for other Eligible Dependent Children; if none, then \$5,000.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE
Home Office: [Little Rock, AR 72201]
Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

SURGICAL PLUS RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Ambulatory Surgical Center: A licensed facility where the patient is admitted to and discharged within the same day with the primary purpose to provide surgical procedures. It has one or more Physicians on duty whenever a patient is in the center. It is not: (1) a facility existing for the primary purpose of terminating pregnancies; or (2) an office maintained by a Physician for the practice of medicine; or (3) a facility which provides services or overnight accommodations for patients.

Breast Reconstructive Surgery: Surgical procedure performed following a mastectomy on one breast or both breasts to reestablish symmetry between the two breasts. The term includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Mammography Screening/Mammogram: The x-ray examination of the breast using equipment dictated specifically for mammography.

Papanicolaou Test (Pap Smear): The cytologic examination of cells, especially from the cervix, vagina and endometrium for the detection of malignant and premalignant cells.

Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

A. SURGICAL BENEFITS

If a Physician performs surgery due to Injury or Sickness while this Rider is in force for the Insured, We will pay a Surgical Benefit. The Surgical Benefit amount is the percentage next to the procedure listed in the Schedule times the Insured's Maximum Benefit shown on the Policy Schedule. The surgery can take place in: (1) a Hospital; or (2) an Ambulatory Surgical Center; or (3) a Physician's office. If an operation is not listed in the Schedule, We will pay an amount comparable to that which would be payable for the operation listed in the Schedule which is most similar in severity and complexity. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be paid.

B. ANESTHESIA BENEFITS

When anesthesia is used by a Physician on an Insured during a surgical procedure that is covered under the Surgical Benefit, We will pay a Benefit. The Benefit will be 25% of the amount paid under the Surgical Benefit.

C. BREAST RECONSTRUCTIVE SURGERY BENEFITS

When Breast Reconstructive Surgery is performed on an Insured after a covered mastectomy under the Surgical Benefit, We will pay a Benefit. The Benefit is the percentage next to the procedure listed in the Schedule, times the Insured's Maximum Benefit shown on the Policy Schedule.

D. BREAST PROSTHETIC DEVICES BENEFIT

When breast prosthetic devices are used on an Insured after a covered mastectomy under the Surgical Benefit, We will pay a Benefit. We will pay for a maximum of two prosthetic devices following such surgery. The Benefit is the percentage next to the procedure listed in the Schedule, times the Insured's Maximum Benefit shown on the Policy Schedule.

E. MAMMOGRAPHY SCREENING BENEFIT

When a Mammography Screening is performed while this Rider is in force for the Insured, We will pay a Benefit. The Benefit is 4% of the Insured's Maximum Benefit as shown on the Policy Schedule for this Rider, based on the following schedule:

- a. for ages 35-39, one baseline Mammogram;
- b. for ages 40-49, one every two years, or more often at the request of the Insured's Physician;
- c. for ages 50 and over, one every year.

At any age, We will pay the Benefit listed above for a Mammogram performed at the request of the Insured's Physician.

F. PAPANICOLAOU TEST (PAP SMEAR) BENEFIT

When a Papanicolaou Test (Pap Smear) is performed while this Rider is in force for the Insured, We will pay a Benefit. The Benefit is 1% of the Insured's Maximum Benefit as shown on the Policy Schedule for this Rider. We will pay for one screening test per year for ages 18 and over.

TERMINATION

This Rider ends on the earlier of the date :

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days notice before such change becomes effective.

SCHEDULE

OPERATIONS

% of Maximum Surgical Benefit

INTEGUMENTARY SYSTEM

SKIN

Incision and Drainage of Cyst	1.0
Acne Surgery	0.75
Biopsy	1.5
Excision of Benign Tumor	2.0
Excision of Malignant Tumor (Trunk, Arms or Legs)	3.0
Excision of Malignant Tumor (Face, Scalp, Ears, Neck, Hands, Feet, Genitalia)	5.0
Excision of Malignant Tumor (Eyelids, Nose, Lips, Mucous Membrane)	7.5
Excision of Nail	5.0
Repair – Simple Wounds	1.0
Repair – Complex Wounds (Linear Repair)	3.5
Repair – Skin Grafts (Single Stage)	2.5
Repair – Skin Grafts (Multiple Stage)	7.5
Electro-surgical destruction or Chemocautery	1.0
Chemosurgery – malignancies of the skin	10.0

BREAST

Biopsy	7.5
Excision of Cyst or Benign Tumor	7.5
Excision of Chest Wall Tumor	35.0
Mastectomy, simple	15.0
Mastectomy, radical	35.0
Mammoplasty, Reconstructive	50.0
Mammoplasty, Prosthetic Devices	35.0

MUSCULOSKETAL SYSTEM

BONE OR CARTILAGE GRAFT

Spinal Fusion	40.0
Spinal Fusion with removal of Intervertebral disc	40.0
Spinal Fusion for Scoliosis	60.0

FRACTURES (Requiring Reduction)

Skull	37.5
Nose	2.5
Jaw	15.0
Vertabrae, one or more	15.0
Collar Bone	7.5
Shoulder blade (Scapula)	27.5
Upper Arm	12.5
Lower Arm	7.5
Hand	5.0
Fingers or Toes	2.5
Upper Leg	20.0
Lower Leg	7.5
Ankle	12.5
Foot	5.0

JOINTS

Shoulder or Elbow:

Arthrotomy	25.0
Arthroplasty	40.0

Wrist:

Arthrotomy	20.0
Arthroplasty	40.0

Hip:

Arthrotomy	35.0
Arthroplasty	50.0

Knee:

Arthrotomy	25.0
Arthroplasty	50.0

Ankle:

Arthrotomy	25.0
Arthroplasty	37.5

Hammertoe

10.0

DISLOCATIONS

Jaw	2.5
Collar Bone (requiring reduction)	5.0
Shoulder (humerus with anesthesia) or Elbow	2.5
Wrist	2.5
Fingers or Toes	1.0
Hip or Knee	10.0
Ankle	5.0

TENDONS

Repair or Suture	6.0
Lengthening or Shortening (e.g. Achilles Tendon)	15.0

AMPUTATIONS

Arm at Shoulder Joint	37.5
Arm below Shoulder Joint	17.5
Finger	7.5
Leg at Hip Joint	40.0
Leg at Knee	20.0
Leg above or below knee	25.0
Toe	5.0

RESPIRATORY SYSTEM**NOSE**

Excision of Nasal Polyps	1.5
Submucous resection, Classic Nasal Sept	15.0

SINUSES

Frontal Sinusotomy – simple	10.0
Frontal Sinusotomy – radical	30.0

LARYNX

Laryngectomy	50.0
Laryngoscopy	2.0

TRACHEA AND BRONCHI

Tracheotomy	10.0
Bronchoscopy	7.5
Closure of Tracheotomy	12.5

LUNGS

Thoracotomy	25.0
Pneumonotomy	30.0
Pneumonocentesis	2.5
Thoracentesis	1.5
Pneumonectomy, total	50.0
Wedge Resection of Lung, Single or Multiple	40.0
Thoracoscopy (including biopsy)	10.0

CARDIOVASCULAR SYSTEM**HEART**

Heart Transplant	100.0
Catheterization of Heart	7.5
Suture of Heart wound or injury	50.0
Valvotomy, aortic and pulmonic valve	75.0
Valvotomy, mitral valve	70.0
Valvuloplasty or Replacement, aortic and mitral valve	100.0
Coronary Bypass, single or multiple	100.0
Repair of Myocardial Aneurysm	100.0
Repair of Septal Defect	90.0
Angioplasty, percutaneous	50.0
Pervenous or Transvenous insertion of Pacemaker	25.0

ARTERIES

Arteriotomy, extremity	30.0
Thromboendarterectomy	60.0
Carotid endarterectomy	60.0
Excision and graft, Abdominal Aortic Aneurysm	75.0
Injection – Varicose Veins	00.5

HEMIC AND LYMPHATIC SYSTEMS

Splenectomy	30.0
Biopsy of Lymph Node	2.5
Radical Lymphadenectomy	25.0

DIGESTIVE SYSTEM

Gastrotomy	25.0
Gastrectomy, Total	50.0
Gastrectomy, Partial	40.0
Gastroscopy	7.5
Gastrostomy	20.0
Gastrorrhapy	25.0
Enterotomy	30.0
Enterectomy	35.0
Colostomy	40.0
Enterostomy	25.0
Enterolysis	20.0
Diverticulectomy	25.0
Appendectomy	20.0
Proctectomy	50.0
Proctosigmoidoscopy	1.5
Proctoplasty	20.0
Fistulotomy	5.0
Sphincterotomy	2.5
Fissurectomy or Hemorrhoidectomy	10.0
Removal of External Hemorrhoids	1.5
Aspiration biopsy of liver, pancreas or bile duct	2.5
Cholecystotomy	25.0

Cholecystectomy	30.0
Pancreatectomy – partial	40.0
Pancreatectomy – total	70.0
Laparotomy	20.0
Herniotomy	17.5

URINARY SYSTEM

Nephrolithotomy	40.0
Renal Biopsy	2.5
Nephrectomy	40.0
Lithotripsy	25.0
Kidney Transplant	62.5
Cystotomy	25.0
Cystectomy – partial	35.0
Cystectomy – complete	50.0
Urethroscopy or Cystoscopy	2.5
Cystoplasty	40.0
Dilation of Urethra	1.0

GENITAL SYSTEM

MALE

Circumcision	1.5
Orchiectomy	10.0
Reduction of Torsion of Testis	15.0
Excision of Epididymis, Hydrocele, Varicocele	15.0
Vasectomy	7.5
Biopsy, Prostate	2.5
Prostatectomy – partial	40.0
Prostatectomy – radical	50.0

FEMALE

Hysterectomy, Vaginal or Abdominal	30.0
Hysterectomy, radical for cancer including lymph nodes	50.0
Salpingo-oophorectomy	22.5
Repair of cystocele or rectocele	17.5
Repair of cystocele and rectocele	25.0
Tubal Ligation	20.0
Biopsy or removal of cervical lesion or polyp	1.5
Dilation and Curettage	7.5
Myomectomy	25.0
Repair of uterine suspension	20.0
Cesarian Section	25.0
Obstetrical Delivery	10.0
Amniocentesis	2.5

ENDOCRINE SYSTEM

Incision and drainage of Thyroid Gland	1.5
Local excision of thyroid cyst or adenoma	20.0
Thyroidectomy or Parathyroidectomy	35.0
Adrenalectomy	40.0

NERVOUS SYSTEM

Burr Holes	15.0
Cranioplasty	50.0
Craniotomy or Craniectomy	20.0
Laminectomy	50.0
Spinal Puncture	1.0
Paravertebral block, lumbar or thoracic nerve	2.5
Median nerve decompression (Carpal Tunnel)	15.0

EYE

Removal of eye	20.0
Excision of pterygium	12.5
Sclerotomy – anterior	25.0
Sclerotomy – posterior	15.0
Iridectomy	25.0
Extraction of lens (including cataract extractions)	40.0
Reattachment of retina	50.0
Muscle operation (one or more muscles)	30.0
Excision of lacrimal gland or dac	25.0

EAR

Drainage of abscess	1.0
Otoscopy	1.0
Myringotomy	1.5
Tympanotomy (diagnostic)	25.0
Tympanotomy with insertion of Collar Button Tube	12.5
Mastoidectomy – simple	25.0
Tympanoplasty	50.0
Labyrinthotomy or Labyrinthectomy	50.0

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE

Home Office: [Little Rock, AR 72201]

Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

SURGICAL RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Ambulatory Surgical Center: A licensed facility where the patient is admitted to and discharged within the same day with the primary purpose to provide surgical procedures. It has one or more Physicians on duty whenever a patient is in the center. It is not: (1) a facility existing for the primary purpose of terminating pregnancies; or (2) an office maintained by a Physician for the practice of medicine; or (3) a facility which provides services or overnight accommodations for patients.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an injury that occurred before the date the person becomes an Insured under this Rider unless the injury has been specifically excluded by name or description within the Policy or Rider.

Sickness: Disease or illness, including pregnancy, which: (1) is diagnosed or is treated while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

A. SURGICAL BENEFITS

If a Physician performs surgery due to Injury or Sickness while this Rider is in force for the Insured, We will pay a Surgical Benefit. The Surgical Benefit amount is the percentage next to the procedure listed in the Schedule times the Insured's Maximum Benefit shown on the Policy Schedule. The surgery can take place in: (1) a Hospital; or (2) an Ambulatory Surgical Center; or (3) a Physician's office. If an operation is not listed in the Schedule, We will pay an amount comparable to that which would be payable for the operation listed in the Schedule which is most similar in severity and complexity. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be paid.

B. ANESTHESIA BENEFITS

When anesthesia is used by a Physician on an Insured during a surgical procedure that is covered under the Surgical Benefit, We will pay a Benefit. The Benefit will be 25% of the amount paid under the Surgical Benefit.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12-months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 60 days written notice before such change becomes effective.

SCHEDULE

OPERATIONS

% of Maximum Surgical Benefit

INTEGUMENTARY SYSTEM

SKIN

Incision and Drainage of Cyst	1.0
Acne Surgery	0.75
Biopsy	1.5
Excision of Benign Tumor	2.0
Excision of Malignant Tumor (Trunk, Arms or Legs)	3.0
Excision of Malignant Tumor (Face, Scalp, Ears, Neck, Hands, Feet, Genitalia)	5.0
Excision of Malignant Tumor (Eyelids, Nose, Lips, Mucous Membrane)	7.5
Excision of Nail	5.0
Repair – Simple Wounds	1.0
Repair – Complex Wounds (Linear Repair)	3.5
Repair – Skin Grafts (Single Stage)	2.5
Repair – Skin Grafts (Multiple Stage)	7.5
Electro-surgical destruction or Chemocautery	1.0
Chemosurgery – malignancies of the skin	10.0

BREAST

Biopsy	7.5
Excision of Cyst or Benign Tumor	7.5
Excision of Chest Wall Tumor	35.0
Mastectomy, simple	15.0
Mastectomy, radical	35.0
Mammoplasty, Reconstructive	50.0
Mammoplasty, Prosthetic Devices	35.0

MUSCULOSKETAL SYSTEM

BONE OR CARTILAGE GRAFT

Spinal Fusion	40.0
Spinal Fusion with removal of Intervertebral disc	40.0
Spinal Fusion for Scoliosis	60.0

FRACTURES (Requiring Reduction)

Skull	37.5
Nose	2.5
Jaw	15.0
Vertebrae, one or more	15.0
Collar Bone	7.5
Shoulder blade (Scapula)	27.5
Upper Arm	12.5
Lower Arm	7.5
Hand	5.0
Fingers or Toes	2.5
Upper Leg	20.0
Lower Leg	7.5
Ankle	12.5

Foot		5.0
JOINTS		
Shoulder or Elbow:		
	Arthrotomy	25.0
	Arthroplasty	40.0
Wrist:		
	Arthrotomy	20.0
	Arthroplasty	40.0
Hip:		
	Arthrotomy	35.0
	Arthroplasty	50.0
Knee:		
	Arthrotomy	25.0
	Arthroplasty	50.0
Ankle:		
	Arthrotomy	25.0
	Arthroplasty	37.5
Hammertoe		10.0
DISLOCATIONS		
Jaw		2.5
Collar Bone (requiring reduction)		5.0
Shoulder (humerus with anesthesia) or Elbow		2.5
Wrist		2.5
Fingers or Toes		1.0
Hip or Knee		10.0
Ankle		5.0
TENDONS		
Repair or Suture		6.0
Lengthening or Shortening (e.g. Achilles Tendon)		15.0
AMPUTATIONS		
Arm at Shoulder Joint		37.5
Arm below Shoulder Joint		17.5
Finger		7.5
Leg at Hip Joint		40.0
Leg at Knee		20.0
Leg above or below knee		25.0
Toe		5.0
RESPIRATORY SYSTEM		
NOSE		
Excision of Nasal Polyps		1.5
Submucous resection, Classic Nasal Sept		15.0
SINUSES		
Frontal Sinusotomy – simple		10.0
Frontal Sinusotomy – radical		30.0
LARYNX		
Laryngectomy		50.0
Laryngoscopy		2.0
TRACHEA AND BRONCHI		
Tracheotomy		10.0
Bronchoscopy		7.5
Closure of Tracheotomy		12.5

LUNGS

Thoracotomy	25.0
Pneumonotomy	30.0
Pneumonocentesis	2.5
Thoracentesis	1.5
Pneumonectomy, total	50.0
Wedge Resection of Lung, Single or Multiple	40.0
Thoracoscopy (including biopsy)	10.0

CARDIOVASCULAR SYSTEM**HEART**

Heart Transplant	100.0
Catheterization of Heart	7.5
Suture of Heart wound or injury	50.0
Valvotomy, aortic and pulmonic valve	75.0
Valvotomy, mitral valve	70.0
Valvuloplasty or Replacement, aortic and mitral valve	100.0
Coronary Bypass, single or multiple	100.0
Repair of Myocardial Aneurysm	100.0
Repair of Septal Defect	90.0
Angioplasty, percutaneous	50.0
Pervenous or Transvenous insertion of Pacemaker	25.0

ARTERIES

Arteriotomy, extremity	30.0
Thromboendarterectomy	60.0
Carotid endarterectomy	60.0
Excision and graft, Abdominal Aortic Aneurysm	75.0
Injection – Varicose Veins	00.5

HEMIC AND LYMPHATIC SYSTEMS

Splenectomy	30.0
Biopsy of Lymph Node	2.5
Radical Lymphadenectomy	25.0

DIGESTIVE SYSTEM

Gastrotomy	25.0
Gastrectomy, Total	50.0
Gastrectomy, Partial	40.0
Gastroscopy	7.5
Gastrostomy	20.0
Gastrorrhaphy	25.0
Enterotomy	30.0
Enterectomy	35.0
Colostomy	40.0
Enterostomy	25.0
Enterolysis	20.0
Diverticulectomy	25.0
Appendectomy	20.0
Proctectomy	50.0
Proctosigmoidoscopy	1.5
Proctoplasty	20.0
Fistulotomy	5.0
Sphincterotomy	2.5
Fissurectomy or Hemorrhoidectomy	10.0
Removal of External Hemorrhoids	1.5

Aspiration biopsy of liver, pancreas or bile duct	2.5
Cholecystotomy	25.0
Cholecystectomy	30.0
Pancreatectomy – partial	40.0
Pancreatectomy – total	70.0
Laparotomy	20.0
Herniotomy	17.5

URINARY SYSTEM

Nephrolithotomy	40.0
Renal Biopsy	2.5
Nephrectomy	40.0
Lithotripsy	25.0
Kidney Transplant	62.5
Cystotomy	25.0
Cystectomy – partial	35.0
Cystectomy – complete	50.0
Urethroscopy or Cystoscopy	2.5
Cystoplasty	40.0
Dilation of Urethra	1.0

GENITAL SYSTEM

MALE

Circumcision	1.5
Orchiectomy	10.0
Reduction of Torsion of Testis	15.0
Excision of Epididymis, Hydrocele, Varicocele	15.0
Vasectomy	7.5
Biopsy, Prostate	2.5
Prostatectomy – partial	40.0
Prostatectomy – radical	50.0

FEMALE

Hysterectomy, Vaginal or Abdominal	30.0
Hysterectomy, radical for cancer including lymph nodes	50.0
Salpingo-oophorectomy	22.5
Repair of cystocele or rectocele	17.5
Repair of cystocele and rectocele	25.0
Tubal Ligation	20.0
Biopsy or removal of cervical lesion or polyp	1.5
Dilation and Curettage	7.5
Myomectomy	25.0
Repair of uterine suspension	20.0
Cesarian Section	25.0
Obstetrical Delivery	10.0
Amniocentesis	2.5

ENDOCRINE SYSTEM

Incision and drainage of Thyroid Gland	1.5
Local excision of thyroid cyst or adenoma	20.0
Thyroidectomy or Parathyroidectomy	35.0
Adrenalectomy	40.0

NERVOUS SYSTEM

Burr Holes	15.0
Cranioplasty	50.0
Craniotomy or Craniectomy	20.0
Laminectomy	50.0
Spinal Puncture	1.0
Paravertebral block, lumbar or thoracic nerve	2.5
Median nerve decompression (Carpal Tunnel)	15.0

EYE

Removal of eye	20.0
Excision of pterygium	12.5
Sclerotomy – anterior	25.0
Sclerotomy – posterior	15.0
Iridectomy	25.0
Extraction of lens (including cataract extractions)	40.0
Reattachment of retina	50.0
Muscle operation (one or more muscles)	30.0
Excision of lacrimal gland or dac	25.0

EAR

Drainage of abscess	1.0
Otoscopy	1.0
Myringotomy	1.5
Tympanotomy (diagnostic)	25.0
Tympanotomy with insertion of Collar Button Tube	12.5
Mastoidectomy – simple	25.0
Tympanoplasty	50.0
Labyrinthotomy or Labyrinthectomy	50.0

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE
Home Office: [Little Rock, AR 72201]
Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

PRIVATE DUTY NURSE RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified in this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Private Duty Nurse: A licensed registered nurse (R.N.), or a licensed practical nurse (L.P.N.) whose service is rendered solely for the Insured.

A private duty nurse does not include a family member of the Insured. Family member means You, Your spouse, children, grandchildren, siblings, parents, grandparents, or corresponding in-laws.

Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

For each day an Insured receives the services of a Private Duty Nurse during a Hospital Confinement, We will pay the Daily Benefit shown on the Policy Schedule. We will pay this amount for up to a maximum of 30 days during any Period of Confinement, as defined in the Policy. Before benefits are payable the service must:

- a. be rendered as the result of an Injury or Sickness; and
- b. be at the direction of and under the supervision of a Physician; and
- c. be Medically Necessary and provided for at least 8 hours a day; and
- d. begin while this Rider is in force for the Insured.

We will pay only one Daily Benefit for all Private Duty Nurse services received within a consecutive 24-hour period.

TERMINATION

This Rider ends on the earlier of the date :

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE

Home Office: [Little Rock, AR 72201]

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HOSPITAL INJURY INDEMNITY RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Period of Confinement: One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while the coverage is in force for the Insured.

BENEFITS

For the Hospital Injury Indemnity Benefit Amount to be payable, the Hospital Confinement must:

- a. begin while this Rider is in force for the Insured; and
- b. be at the direction and supervision of a Physician; and
- c. be for treatment of an Injury.

The Benefit Amount is the amount shown on the Policy Schedule of the Policy to which this Rider is attached. The maximum number of days that We will pay during a Period of Confinement is 365.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a Period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

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LUMP SUM INDEMNITY RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Calendar Year: The period beginning on the Policy Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of the same year.

First Hospital Confinement: The first Period of Confinement in a Calendar Year for an Insured. No other Period of Confinement during a Calendar Year will be considered a First Hospital Confinement.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

We will pay the Benefit Amount shown on the Policy Schedule for an Insured's First Hospital Confinement. Before benefits are payable, the Hospital Confinement must:

- a. be due to Injury or Sickness; and
- b. begin while this Rider is in force for the Insured; and
- c. be at the direction of and under the supervision of a Physician.

Benefits for this Rider will be limited to the Benefit Amount each Calendar Year for each Insured.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE

Home Office: [Little Rock, AR 72201]

Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

SPECIFIED INJURY RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider except as modified in this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Anesthesia: Anesthesia includes local and general anesthesia.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

BENEFITS

APPLIANCE:

We will pay this Benefit if an Insured is Injured and is required to use an appliance as a result of the Injury. The appliance must be used to help the Insured move around and not be used for treatment of the Injury. Dental appliances or orthodontia will not be covered. A Physician must advise the use of an appliance, and the Insured must begin using it within 90 days after the Injury. We will pay this Benefit for each Injury.

25.00

AMBULANCE:

We will pay this Benefit if an Insured is Injured and requires transportation to a Hospital. The Insured must be transported by a professional ambulance service within 90 days after the Injury. We will pay this Benefit for each Injury.

\$ 25.00

BLOOD/PLASMA:

We will pay this Benefit if an Insured is Injured and requires blood/plasma. The Insured must receive the blood/plasma within 90 days after the Injury. We will pay this Benefit for each Injury.

\$50.00

BURNS:

We will pay this Benefit if an Insured receives burns in an Injury. The burns must be second degree burns that cover at least thirty-six percent of the body surface or third degree burns that cover at least nine square inches of the body surface. A Physician must treat the Insured within 72 hours after the Injury. We will pay this Benefit for each Injury.

\$600.00

DISLOCATION (SEPARATED JOINT):

We will pay this Benefit if an Insured receives a dislocation due to an Injury. A dislocation is a completely separated joint. A Physician must diagnose it as a dislocation within 90 days after the Injury. The dislocation must require correction by a Physician with the use of Anesthesia. It can be corrected by open or closed reduction. We will pay the Benefit shown in the schedule below for the joint involved. If the dislocation is not listed, We will pay a Benefit most comparable to what is listed for a dislocation in the schedule.

If an Insured receives more than one dislocation in an Injury, and they require open or closed reduction We will pay no more than one and one-half times the Benefit for the joint involved which has the highest benefit amount.

If the dislocation requires reduction by a Physician without the use of Anesthesia, We will pay twenty-five percent of the Benefit shown for the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay twenty-five percent of the Benefit shown for the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

If an Insured receives a fracture and a dislocation in the same Injury, We will pay for both. However, We will pay no more than one and one-half times the Benefit for the bone or joint involved which has the highest benefit amount.

Joint	Insured	Spouse	Children
Hip	\$1,500.00	\$1,000.00	\$450.00
Knee (except Patella)	\$1,100.00	\$750.00	\$325.00
Shoulder			
Glenohumeral	\$800.00	\$550.00	\$225.00
Collar Bone			
Sternoclavicular	\$800.00	\$550.00	\$225.00
Acromioclavicular	\$720.00	\$480.00	\$225.00
Acromioclavicular Separation	\$720.00	\$480.00	\$225.00
Ankle – Bone or Bones of the Foot (other than toes)	\$660.00	\$440.00	\$200.00
Bone or Bones of the Hand (Other than Fingers)	\$600.00	\$400.00	\$175.00
Lower Jaw	\$500.00	\$350.00	\$150.00
Wrist	\$450.00	\$300.00	\$125.00
Elbow	\$325.00	\$225.00	\$100.00
One Toe or Finger	\$150.00	\$100.00	\$40.00

EYE INJURY:

We will pay this Benefit if an Insured receives an eye Injury. It must require surgery with Anesthesia. An exam with Anesthesia will not be considered surgery. A Physician must perform the surgery within 90 days after the Injury. We will pay this Benefit for each Injury.

\$100.00

FRACTURE (BROKEN BONE):

We will pay this Benefit if an Insured receives a fracture in an Injury. A fracture is a break in a bone, which can be seen by x-ray. A Physician must diagnose it as a fracture within 90 days after the Injury. The fracture must require correction by a Physician. It can be corrected by open or closed reduction. We will pay the Benefit shown in the schedule below for the bone involved. If the fracture is not listed, We will pay a Benefit most comparable to what is listed for a fracture in the schedule.

If an Insured receives more than one fractured bone in an Injury, and they require open or closed reduction We will pay no more than one and one-half times the Benefit for the bone involved which has the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay ten percent of the Benefit shown for the bone involved.

If the Insured receives a fracture and a dislocation in the same Injury, We will pay for both. However, We will pay no more than one and one-half times the Benefit for the bone or joint involved which has the highest benefit amount.

Bone	Insured	Spouse	Children
Hip, Thigh (Femur)	\$1,800.00	\$1,200.00	\$500.00
Vertebrae, Body of (except Vertebral Processes)	\$1,600.00	\$1,000.00	\$450.00
Pelvis (includes Ilium, Ischium, Pubis Acetabulum except Coccyx)	\$1,400.00	\$950.00	\$375.00
Skull (except Bones of the Face or Nose)			
Simple Non- Reduction Skull Fracture	\$600.00	\$400.00	\$175.00
Depressed Skull Fracture	\$1,350.00	\$900.00	\$375.00
Leg (Tibia and/or Fibula)	\$1,100.00	\$750.00	\$300.00
Forearm (Radius and/or Ulna)			
Hand or Wrist (except Finger)	\$900.00	\$600.00	\$250.00
Foot (except Toes), Ankle, Kneecap (Patella)	\$900.00	\$600.00	\$250.00
Lower Jaw, Mandible (except Alveolar Process)	\$720.00	\$480.00	\$200.00
Shoulder Blade (Scapula), Collar Bone (Clavicle, Sternum)	\$720.00	\$480.00	\$200.00
Arm, between Elbow and Shoulder (Humerus)	\$630.00	\$420.00	\$175.00
Upper Jaw, Maxilla (except Alveolar Process)	\$630.00	\$420.00	\$175.00
Bones of Face or Nose (except Mandible or Maxilla)	\$550.00	\$375.00	\$150.00
Vertebral Processes – Transverse, Spinous, etc.	\$350.00	\$250.00	\$100.00
Coccyx, One Rib, Finger, Toe	\$150.00	\$100.00	\$40.00

RUPTURED DISK:

We will pay this Benefit if an Insured receives a ruptured disk in an Injury. A Physician must treat it within 90 days after the Injury. A Physician must repair it with surgery within one year after the Injury. We will pay one of these Benefits for each Injury. The Benefit We will pay will be based on when the Injury occurs.

Injury which occurs less than one year after the Effective Date of this Rider	\$100.00
Injury which occurs one year or more after the Effective Date of this Rider	\$400.00

TENDON/LIGAMENT:

We will pay this Benefit if an Insured receives an Injury to a tendon/ligament. It must be torn, ruptured or severed. A Physician must repair it with surgery within 90 days after the Injury. We will pay one of these Benefits for each Injury. The Benefit We pay will be based on the number of tendons/ligaments repaired as the result of each Injury.

Repair of one tendon or ligament	\$500.00
Repair of all tendons/ligaments if more than one	\$750.00

If the Insured is Injured and receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament, We will pay only one Benefit. We will pay the largest of the appropriate Tendon/Ligament Benefit, the Fracture Benefit or the Dislocation Benefit.

TORN KNEE CARTILAGE:

We will pay this Benefit if an Insured receives a torn knee cartilage (meniscus) in an Injury. A Physician must treat it within 90 days after the Injury. A Physician must repair it with surgery within one year after the Injury. We will pay one of these Benefits for each Injury. The Benefit We pay will be based on when the Injury occurs.

Injury which occurs less than one year after the Effective Date of this Rider	\$100.00
Injury which occurs one year or more after the Effective Date of this Rider	\$400.00

GUNSHOT WOUND:

There are no Gunshot Wound benefits for Insured Dependents.

We will pay this Benefit if You are Injured by a gunshot wound and You did not intentionally shoot Yourself. It must be caused by a projectile from a conventional firearm. A conventional firearm is a weapon which fires a projectile (bullet) by gun powder or compressed gas. It must require treatment by a Physician, including a Hospital Confinement, within 24 hours and surgery within 72 hours after the Injury. After all of these things occur, We will pay this Benefit for each Injury.

\$1,000.00

If You are shot more than once in a 24-hour period, We will pay Benefits only for the first wound.

If You receive a fracture or a dislocation as the result of the same gunshot wound accident, We will pay the Benefit shown above for the Gunshot Wound Benefit plus one-half the Fracture Benefit or the Dislocation Benefit shown in this Rider for the bone or joint involved. However, We will not pay more than \$2,000 total for each Injury involving a combination of a gunshot wound with a fracture or a dislocation.

LIMITATIONS AND EXCLUSIONS

For this Rider, the following are added to Part I of Limitations and Exclusions contained in the Policy:

- a. riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- b. driving a car or any other licensed vehicle on a highway without a valid operator's license; or
- c. mountaineering, sky diving, hang gliding or bungee jumping; or
- d. Insured Dependent(s) practicing for or participating in any high school, college, semi-professional or professional competitive athletic contest. This does not apply to intramural sports.

Sickness is not covered under this Rider.

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

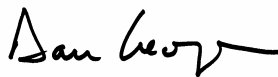
PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider will not alter any other provision of the Policy to which this Rider is attached.



[Dan George
President]

CENTRAL UNITED LIFE INSURANCE

Home Office: [Little Rock, AR 72201]

Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

FIRST HOSPITAL CONFINEMENT RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Calendar Year: The period starting on the Policy Effective Date and ending on December 31 of the same year. From then on, it is the period starting on January 1 and ending on December 31.

First Hospital Confinement: The first Period of Confinement in a Calendar Year for an Insured. No other Period of Confinement during a Calendar Year will be considered a First Hospital Confinement.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Period of Confinement: One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while this Rider is in force for the Insured.

Sickness: Disease or illness, including pregnancy, which: (1) is diagnosed or treated while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

We will pay the Benefit Amount for an Insured's First Hospital Confinement. Before Benefits are payable, the Hospital Confinement must:

- a. be due to Injury or Sickness; and
- b. begin while this Rider is in force for the Insured; and
- c. be at the direction of and under the supervision of a Physician.

The Benefit Amount is listed on the Schedule in this Rider. The Benefit Amount will be the amount next to the total number of days of Hospital Confinement during the Period of Confinement. Benefits for this Rider will be limited to the First Hospital Confinement each Calendar Year for each Insured. The Benefit Amount is not a cumulative benefit and will not exceed \$5,000 for each Insured for each Calendar Year.

SCHEDULE

<u>Total Days of Hospital Confinement</u>	<u>Benefit Amount</u>
One	\$500.00
Two	\$1,000.00
Three	\$2,000.00
Four	\$3,000.00
Five	\$4,000.00
Six	\$5,000.00

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

SERFF Tracking Number: TAPK-126724762 State: Arkansas

Filing Company: Central United Life Insurance Company State Tracking Number: 46218

Company Tracking Number:

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Individual Hospital Confinement Policy

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 08/06/2010	Hospital Confinement Policy, Emergency Accident Rider, Outpatient Sickness Rider, Intensive Care Unit Rider, Accidental Death & Dismemberment Rider, Surgical Plus Rider, Surgical Rider, Private Duty Nurse Rider, Hospital Injury Indemnity Rider, Lump Sum Indemnity Rider, Specified Injury Rider, First Hospital Confinement Rider	CUL-HPHI2010-AR, CUL-HREA, CUL-HROS, CUL-HRICU, CUL-HRADD, CUL-HRSUR+, CUL-HRSUR, CUL-HRPN, CUL-HRHI, CUL-HRSL, CUL-HRSI, CUL-HRFHC	New		CULICHPHIRatesOnly-AR7-15-10.pdf

Central United Life Insurance Company

Arkansas

Hospital Indemnity Product

Policy Form: CUL- HPHI2010 (with Associated Riders)

Premium Exhibit

	Employee	Spouse	Children	
<u>Base Plan (Elim Period; Max Period)</u>				
0 Acc / 0 Sick; 180 Days	\$1.59	\$1.59	\$0.84	Per \$10 Daily Benefit
0 Acc / 0 Sick; 365 Days	\$1.64	\$1.64	\$0.95	Per \$10 Daily Benefit
0 Acc / 1 Sick; 365 Days	\$1.32	\$1.32	\$0.70	Per \$10 Daily Benefit
<u>Riders</u>				
Intensive Care Unit	\$0.07	\$0.07	\$0.04	Per \$10 Daily Benefit
Private Duty Nurse	\$0.05	\$0.05	\$0.03	Per \$10 Daily Benefit
Accidental Death & Dismemberment	\$0.10	\$0.10	\$0.10	Per \$1,000 Benefit
Emergency Accident	\$0.57	\$0.57	\$0.57	Per \$50 Benefit
Outpatient Sickness	\$3.65	\$3.65	\$6.00	Per \$25 Benefit
Hospital Injury Indemnity	\$0.20	\$0.20	\$0.15	Per \$10 Daily Benefit
Lump Sum Indemnity	\$0.32	\$0.32	\$0.13	Per \$20 Benefit
Surgical	\$0.30	\$0.30	\$0.25	Per \$100 Benefit
Surgical Plus	\$0.52	\$0.52	\$0.25	Per \$100 Benefit
First Hospital Confinement	\$12.50	\$12.50	\$7.00	
Specified Injury	\$3.50	\$1.75	\$1.75	

SERFF Tracking Number:	TAPK-126724762	State:	Arkansas
Filing Company:	Central United Life Insurance Company	State Tracking Number:	46218
Company Tracking Number:			
TOI:	H14I Individual Health - Hospital Indemnity	Sub-TOI:	H14I.000 Health - Hospital Indemnity
Product Name:	Individual Hospital Confinement Policy		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/06/2010
Comments:		
Attachment:		
Readabilitycertificate.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	08/06/2010
Bypass Reason: Shown on Form Schedule		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	08/06/2010
Bypass Reason: Shown on Form Schedule		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Authorization to File	Approved-Closed	08/06/2010
Comments:		
Attachment:		
CULauthorizaion.pdf		

Readability Certification

Insurance Company: Central United Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
CUL-HPHI2010	Hospital Confinement Policy	51.8
CUL-HPHI-APP 2010	Application	54.7
CUL-HPHI-OC	Outline of Coverage	54.2
CUL-HREA	Emergency Accident Rider	52.8
CUL-HROS	Outpatient Sickness Rider	57.0
CUL-HRICU	Intensive Care Unit Rider	55.9
CUL-HRADD	Accidental Death & Dismemberment Rider	59.8
CUL-HRSUR+	Surgical Plus Rider	51.1
CUL-HRSUR	Surgical Rider	52.8
CUL-HRPN	Private Duty Nurse Rider	57.0
CUL-HRHI	Hospital Injury Indemnity Rider	57.7
CUL-HRLS	Lump Sum Indemnity Rider	55.6
CUL-HRSI	Specified Injury Rider	54.2
CUL-HRFHC	First Hospital Confinement Rider	51.6

I hereby certify that the above referenced form complies with the readability requirements of this State.

Mary Lou Rainey

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

July 14, 2010

Date

CENTRAL UNITED LIFE

Deborah Tatro, Vice President

January 6, 2010

Re: Filing Authorization
T. Allen Park & Associates, Inc.
9441 LBJ Freeway, Suite 102
Dallas, TX 75074

Re: Central United Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Central United Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.



Deborah Tatro
Vice President

Central United Life Insurance Company
10700 Northwest Freeway
Houston, TX 77092
Email: dtatro@culins.com

Phone: 713-821-6423
Toll Free: 800-669-9030 ext. 6423
Fax: 713-529-6309



SERFF Tracking Number: TAPK-126724762 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 46218
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Individual Hospital Confinement Policy
Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/16/2010	Form	Hospital Confinement Policy	08/05/2010	HospitalIndemnityPolicyFinal 071410.pdf (Superceded)
07/16/2010	Rate and Rule	Hospital Confinement Policy, Emergency Accident Rider, Outpatient Sickness Rider, Intensive Care Unit Rider, Accidental Death & Dismemberment Rider, Surgical Plus Rider, Surgical Rider, Private Duty Nurse Rider, Hospital Injury Indemnity Rider, Lump Sum Indemnity Rider, Specified Injury Rider, First Hospital Confinement Rider	07/20/2010	CULICHPHIRatesOnly-AR7- 15-10.pdf (Superceded)

CENTRAL UNITED LIFE INSURANCE COMPANY

Home Office: [Little Rock, AR 72201]

Administrative Office:[10700 Northwest Freeway, Houston, TX 77092] [800-669-9030]

HOSPITAL INDEMNITY POLICY

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

NOTICE TO BUYER: This is a hospital confinement indemnity Policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US. READ IT CAREFULLY.

**GUARANTEED RENEWABLE TO AGE 65, CONDITIONALLY RENEWABLE THEREAFTER.
SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS.**

**NO BENEFITS SHALL BE PROVIDED DURING THE FIRST TWELVE MONTHS OF THIS POLICY FOR
PRE-EXISTING CONDITIONS.**

Important Cancellation Information – Please Read The Provision Entitled “Renewal Condition”, Found Below

RENEWAL CONDITION

You have the right to renew this Policy until the Policy Anniversary Date on or after Your 65th birthday, if You pay the correct Premium when due or within the Grace Period. Thereafter, You have the right to renew this Policy if You are Actively At Work and You pay the correct Premium when due or within the Grace Period. We retain the right to change the premium rates on this Policy. See the paragraph titled Change in Premium Rate.

INSURING CLAUSE


We will pay Benefits set out in this Policy and any Rider(s) attached subject to its Definitions, Provisions, Limitations and Exceptions. This Policy is a legal contract between You and Us. Read it carefully. To understand Your coverage, You must read this Policy as a whole.

THIRTY DAY RIGHT TO EXAMINE THIS POLICY

If, for any reason, You decide not to keep this Policy, return it to Us within 30 days after You receive it. You may return it to Our Administrative Office or to the agent who sold it to You. We will treat the Policy as if it had never been issued. We will refund any Premium paid.



[Mary Lou Rainey
Secretary]



[Dan George
President]

IMPORTANT NOTICE

PLEASE READ THE COPY OF THE APPLICATION ATTACHED TO THIS POLICY. IF ANY INFORMATION ON THE APPLICATION IS NOT TRUE AND COMPLETE, WRITE TO US AT OUR ADMINISTRATIVE OFFICE WITHIN 10 DAYS. THE APPLICATION IS A PART OF THIS POLICY, WHICH WAS ISSUED ON THE BASIS THAT THE ANSWERS TO ALL QUESTIONS AND THE INFORMATION SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

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POLICY SCHEDULE

FORM: CUL-HPHI2010*

PRIMARY INSURED: [JOHN A DOE]

INSURED DEPENDENTS: [ELIGIBLE SPOUSE
ELIGIBLE DEPENDENT CHILDREN]

PRIMARY INSURED ISSUE AGE: [35]

POLICY NUMBER: [1234567]

POLICY EFFECTIVE DATE: [JANUARY 01, 2010]

FIRST ANNIVERSARY DATE: [JANUARY 01, 2011]

ANNUAL PREMIUM: [\$2,223. 48]

MODE SELECTED AT ISSUE: [ANNUAL/ PRD]

MODE PREMIUM: \$2,223.48

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT	ANNUAL PREMIUM
HOSPITAL CONFINEMENT		
ELIMINATION PERIOD, INJURY	0 DAYS	
ELIMINATION PERIOD, SICKNESS	[0; 1] DAYS	
MAXIMUM BENEFIT PERIOD:	[180; 365] DAYS	
Daily Benefit for Primary Insured	[\$80 to \$500 in increments of \$10]	[\$336.00]
Daily Benefit for Eligible Spouse	[\$80 to \$500 in increments of \$10]	[\$336.00]
Daily Benefit for each Eligible Dependent Child	[\$80 to \$500 in increments of \$10]	[\$204.00]
EMERGENCY ACCIDENT RIDER FORM CUL-HREA*		
BENEFIT PER ACCIDENT FOR PRIMARY INSURED	[\$50 to \$500 in increments of \$50]	[\$27.36]
Limited to 4 Accidents per Calendar Year		
BENEFIT PER ACCIDENT FOR ELIGIBLE SPOUSE	[\$50 to \$500 in increments of \$50]	[\$27.36]
Limited to 4 Accidents per Calendar Year		
BENEFIT PER ACCIDENT FOR ELIGIBLE DEPENDENT CHILDREN	[\$50 to \$500 in increments of \$50]	[\$27.36]
Limited to a total of 4 Accidents per Calendar Year		
OUTPATIENT SICKNESS, RIDER FORM CUL-HROS*		
BENEFIT PER SICKNESS FOR PRIMARY INSURED	[\$25 to \$500 in increments of \$25]	[\$87.60]
Limited to 4 Sicknesses per Calendar Year		
BENEFIT PER SICKNESS FOR ELIGIBLE SPOUSE	[\$25 to \$500 in increments of \$25]	[\$87.60]
Limited to 4 Sicknesses per Calendar Year		
BENEFIT PER SICKNESS FOR ELIGIBLE DEPENDENT CHILDREN	[\$25 to \$500 in increments of \$25]	[\$144.00]
Limited to a total of 4 Sicknesses per Calendar Year		
INTENSIVE CARE UNIT, RIDER FORM CUL-HRICU*		
Daily Benefit for Primary Insured	[\$10 to \$2,500 in increments of \$10]	[\$33.60]
Daily Benefit for Eligible Spouse	[\$10 to \$2,500 in increments of \$10]	[\$33.60]
Daily Benefit for each Eligible Dependent Child	[\$10 to \$2,500 in increments of \$10]	[\$19.20]

* Or Appropriate State Edition

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT	ANNUAL PREMIUM
ACCIDENTAL DEATH BENEFIT & DISMEMBERMENT, RIDER FORM CUL-HRADD*		
Benefit Amount for Primary Insured	[\$1,000 to \$100,000 in increments of \$1,000]	[\$24.00]
Benefit Amount for Eligible Spouse	[\$1,000 to \$25,000 in increments of \$1,000]	[\$18.00]
Benefit Amount for each Eligible Dependent Child	[\$1,000 to \$10,000 in increments of \$1,000]	[\$6.00]
SURGICAL PLUS, RIDER FORM CUL-HRSUR+*		
Maximum Benefit for Primary Insured	[\$500 to \$25,000 in increments of \$100]	[\$62.40]
Maximum Benefit for Eligible Spouse	[\$500 to \$25,000 in increments of \$100]	[\$62.40]
Maximum Benefit for each Eligible Dependent Child	[\$500 to \$25,000 in increments of \$100]	[\$30.00]
SURGICAL, RIDER FORM CUL-HRSUR*		
Maximum Benefit for Primary Insured	[\$500 to \$25,000 in increments of \$100]	[\$36.00]
Maximum Benefit for Eligible Spouse	[\$500 to \$25,000 in increments of \$100]	[\$36.00]
Maximum Benefit for each Eligible Dependent Child	[\$500 to \$25,000 in increments of \$100]	[\$30.00]
PRIVATE DUTY NURSE, RIDER FORM CUL-HRPN*		
Daily Benefit for Primary Insured	[\$10 to \$250 in increments of \$10]	[\$3.00]
Daily Benefit for Eligible Spouse	[\$10 to \$250 in increments of \$10]	[\$3.00]
Daily Benefit for each eligible Dependent Child	[\$10 to \$250 in increments of \$10]	[\$1.80]
HOSPITAL INJURY INDEMNITY, RIDER FORM CUL-HRHI*		
Daily Benefit for Primary Insured	[\$30 to \$500 per day or Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10]	[\$12.00]
Daily Benefit for Eligible Spouse	[\$30 to \$500 per day or Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10]	[\$12.00]
Daily Benefit for each eligible Dependent Child	[\$30 to \$500 per day or Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10]	[\$9.00]
LUMP SUM INDEMNITY, RIDER FORM CUL-HRSL*		
Benefit for Primary Insured	[\$40 to \$10,000 in increments of \$20]	[\$19.20]
Benefit for Eligible Spouse	[\$40 to \$10,000 in increments of \$20]	[\$19.20]
Benefit for each Eligible Dependent Child	[\$40 to \$10,000 in increments of \$20]	[\$7.80]
SPECIFIED INJURY BENEFIT, RIDER FORM CUL-HRSI*		
Primary Insured		[\$42.00]
Eligible Spouse		[\$21.00]
Eligible Dependent Child		[\$21.00]
FIRST HOSPITAL CONFINEMENT, RIDER FORM CUL-HRFHC*		
Primary Insured		[\$150.00]
Eligible Spouse		[\$150.00]
Eligible Dependent Child		[\$84.00]

* Or Appropriate State Edition

DEFINITIONS

WHEN WE USE THE TERMS THAT FOLLOW, WE MEAN:

Actively at Work: An Insured is Actively at Work when he/she performs all the normal duties of his/her Regular Occupation:

- a. on a full-time basis (at least 27 hours per week); and
- b. at his/her employer's usual place of business.

An Insured is deemed to be Actively at Work on each day of paid holiday or vacation during which he/she is not Totally Disabled, provided he/she was Actively at Work on the last preceding working day.

Dental Treatment: Treatment of the teeth and/or periodontal area.

Dependent Child: A financially dependent child, foster, stepchild or adopted child of the Primary Insured or any child placed with the Primary Insured that has filed a petition to adopt, named on the application, unless specifically excluded in any part of this Policy. Any newborn or child placed for adoption, any newborn or child whom a petition has been filed to adopt or foster care after the Policy Effective Date is considered a Dependent Child.

Eligible Dependent Child(ren): Unless specifically excluded in any part of this Policy, means:

- a. Your unmarried Dependent Child under age 19 who is living with You and chiefly dependent on You for support and maintenance; or
- b. Your unmarried Dependent Child under age 23 if he/she is a full-time student at an accredited school, college, or university and We are furnished proof of such enrollment; or
- c. Your unmarried Dependent Child age 23 or over, who is chiefly dependent on You for support and maintenance if he/she is not able to support him/herself because of mental or physical incapacity. The burden of proof that such Dependent Child is and has continued to be incapacitated rests with You. You must give proof of the incapacity acceptable to Us at Our Administrative Office:
 1. within 31 days after the child would cease to be an Eligible Dependent Child; and
 2. later, as asked for, but not more often than once a year.

Eligible Spouse: Your spouse listed on the application unless specifically excluded in any part of this Policy. Your spouse will cease to be an eligible spouse on the day a valid decree of divorce is issued.

Elimination Period: The number of consecutive days of confinement to a Hospital during each Period of Confinement before Benefits become payable under this Policy. Benefits are not payable during the Elimination Period. The Elimination Periods for Injury and Sickness are shown on the Policy Schedule.

Hospital: A lawfully operating institution which:

- a. has resident facilities for sick and injured patients; and
- b. mainly provides diagnostic, medical and surgical treatment for a fee to sick or injured persons (or has such treatment facility available on a prearranged, contractual basis); and
- c. has 24 hour nursing service by or under the supervision of a graduate registered nurse; and
- d. has at least one Physician on the staff who is on call at any time; and
- e. is accredited by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association, subject to the limitations in the paragraph below.

A hospital is not an institution or part of an institution that mainly provides rehabilitation, custodial, convalescent, nursing, and extended or rest care.

Hospital Confinement: Admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness for which there is a room and board charge by the Hospital. The assignment must be on the advice of a Physician and be Medically Necessary. We do not consider confinement to an emergency room, outpatient treatment room, or observation unit as a hospital confinement.

Insured: The Primary Insured and any Insured Dependents shown on the Policy Schedule.

Insured Dependents: The Insured Dependents shown on the Policy Schedule.

Injury/Injured: Bodily injury sustained which:

- a. is directly caused by an accident, independent of all other causes; and
- b. has not been specifically excluded by name or description in this Policy; and
- c. is not caused or contributed to by Sickness; and
- d. occurs while this Policy is in force for the Insured.

Material and Substantial Duties: Those duties normally required for the performance of the Insured's Regular Occupation and cannot be reasonably omitted or modified.

Maximum Benefit Period: The period of time during which the Daily Benefit is payable for a Period of Confinement. The Maximum Benefit Period is shown on the Policy Schedule.

Medically Necessary: The treatment services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.

Mental or Nervous Disorders: A neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease/disorder of any kind.

Period of Confinement: One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while the coverage is in force for the Insured.

Physician: A person who:

- a. is operating within the scope of his/her license; and either
- b. is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- c. is legally qualified as a medical practitioner and required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

A physician does not include a family member of the Insured. Family member means You, Your spouse, children, grandchildren, siblings, parents, grandparents, or corresponding in-laws.

Policy Anniversary: The yearly anniversary of the Policy Effective Date.

Policy Effective Date: The Policy Effective Date is shown on the Policy Schedule. It will be used to determine Premium due dates and anniversary dates. The Policy Effective Date is the date coverage begins.

Policy Schedule: This is page 3 of this Policy.

Regular Care: The Insured personally visits a Physician as frequently as medically required, according to generally accepted medical standards, to effectively manage and treat the disabling condition(s); and is receiving the most appropriate treatment and care, which conforms with generally accepted medical standards, for the disabling condition(s) by a Physician whose specialty or experience is the most appropriate for those condition(s), according to generally accepted medical standards.

Regular Occupation: The occupation the Insured is routinely performing when Total Disability begins. We will look at the occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.

Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Policy is in force for the Insured; and (2) does not result from Pre-existing Conditions as defined; and (3) has not been specifically excluded by name or description in this Policy.

Totally Disabled or Total Disability: You are Totally Disabled when You are not being paid for performing any work or service for pay and unable to perform all the Material and Substantial Duties of Your Regular Occupation during the Elimination Period and the next 2 years of disability; thereafter, it means Your inability to perform the duties of any occupation for which You are reasonably suited by education, training or experience.

You are not totally disabled when You are not under the Regular Care of a Physician (unless the Physician tells Us and

We agree that Regular Care would be of no further benefit to You during such continuing disability).

We, Our, the Company and Us: refers to the Company as indicated on the cover of this Policy.

You, Your and Yours: The Primary Insured as indicated on the Policy Schedule.

GENERAL AGREEMENT

We agreed to issue this Policy to You because:

- a. You paid the first Premium; and
- b. We relied on the answers in Your application.

Your application is attached and is a part of Your Policy. This Policy is a legal contract between You and Us.

This Policy covers the Insured and any person added as an Insured after the Policy Effective Date. Any changes to this Policy will be shown by an amendment, endorsement or Rider to be attached to this Policy.

Each Policy term begins at 12:01 AM, standard time on the Policy Effective Date at the place You live. It ends at 12:00 PM, standard time, on the last day Premiums are paid, subject to the Grace Period. You may then renew this Policy subject to the Renewal Condition provision on the cover of this Policy.

PREMIUMS

All Premium due dates are determined from the Policy Effective Date.

The first Premium is due before We deliver the Policy. All other Premiums are due in advance of the term they are to cover.

You may pay Premiums on any mode acceptable to Us. This Policy will remain in force for the term for which Premiums are paid.

Change in Premium Rate: We have the right to change Premiums at any time and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. If We do change the Premiums, We will do so only:

- a. if We change the Premiums for all policies of this same form and issue age in Your state of issue; and
- b. if such change is in accordance with the laws and regulations of Your state of issue; and
- c. if We give You 45 days notice before such change becomes effective.

Any change in the Premium will be based on Your age on the Policy Effective Date.

Refund of Unearned Premium: Within 30 days of proof of death or cancellation of this Policy, We will refund any unearned Premium. Unearned Premium is any Premium paid for any period beyond the end of the month in which death or cancellation occurred.

BENEFITS

We will pay a Daily Benefit, as shown on the Policy Schedule for each day of Hospital Confinement for an Insured for Injury or Sickness. Before Benefits are payable, the Hospital Confinement must:

- a. be at the direction of and under the supervision of a Physician; and
- b. continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness; and
- c. begin after the Policy Effective Date and while this Policy is in force for the Insured; and
- d. be due to Injury or Sickness that is not excluded by name or description in this Policy; and
- e. result in the insured being admitted to the Hospital for more than one calendar day.

Benefits payable will not exceed the Maximum Benefit Period for any Period of Confinement. For benefits to be payable, the Insured must have been charged room and board by the Hospital for each day of Hospital Confinement.

LIMITATIONS & EXCLUSIONS

This Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from:

- a. treatment of alcoholism or drug addiction; or
- b. being legally intoxicated or being under the influence of any drug unless prescribed by a Physician; or
- c. attempted suicide while sane or insane or willful and intentional self-inflicted Injury; or
- d. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; or
- e. engaging in an illegal activity; or
- f. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or (2) to restore normal bodily functions; or
- g. care that is primarily for rest, convalescence or rehabilitation; or
- h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or
- i. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or
- j. any Pre-Existing Conditions as defined in this Policy; or
- k. conditions specifically excluded by amendment or endorsement.

This Policy (including any Rider(s) attached) does not pay and Daily Benefit amount(s) if there is no Hospital room and board charge.

PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not, for the first 12 months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12-months period immediately preceding the Policy Effective Date. Pre-Existing Conditions exclusions may not be implemented by any successor plan as to any Insureds who have already met all or part of the waiting period requirements under any previous plan. Credit must be given for that portion of the waiting period that was met under the previous plan.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

TERMINATION

All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of:

- a. when You fail to pay Premiums within Your Grace Period; or
- b. when You die; or
- c. the Policy Anniversary Date You no longer meet the Renewal Condition as defined on the cover of this Policy; or
- d. the date You notify Us in writing to end this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

When such Insured's insurance ends, We will:

- a. refund any Premium accepted for the period the Insured ceases to be an Eligible Dependent Child or Eligible Spouse; and
- b. consider any claim that began before the insurance ended; and
- c. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse, as set forth in the Conversion Privilege.

ELIGIBILITY AND ADDITION OF PERSONS

Your spouse and any other children who qualify as an Eligible Dependent Child, as defined in this Policy, may be added to this Policy. To add a person (other than a newborn, foster or adopted child) to this Policy after the Policy Effective Date, You must:

- a. make written application to Us; and
- b. furnish proof that the person is insurable by Our underwriting standards; and
- c. pay the additional Premium due for that person. The first Premium for the person to be added will be determined from the effective date of his/her coverage. The person added will be subject to the Pre-Existing Conditions provision of this Policy.

Any child born to You while this Policy is in force will be automatically insured from the moment of birth for 31 days. A child placed with You for adoption after the Policy Effective Date shall automatically be covered for a period of 31 days from the earlier of: (1) the date of placement for the purpose of adoption; or (2) the date of the entry of an order granting the adoptive parent custody of the child for the purpose of adoption. A child placed with You as a foster child shall automatically be covered for a period of 31 days from the date of placement.

Coverage and Benefits for the child will be the same as those that are provided for the following Insureds, successively:

- a. any other Insured Dependents; if none, then
- b. You.

The Pre-Existing Conditions provision of this Policy is waived with respect to such child. Coverage for a child placed for the purpose of adoption will end if the adoption is stopped prior to legal adoption and the child is removed.

Without Eligible Dependent Children coverage: To continue coverage for the newborn, foster or adopted child beyond the 31 day period, You must: (1) notify Us in writing; and (2) pay the Premium for the child within 31 days from the date of birth, placement or order granting custody. Premiums for the child will be prorated to the next Premium due date of this Policy. If We are not notified and the required Premium is not paid within 31 days, the coverage for the child will end 31 days after the date of birth, placement or order granting custody.

With Eligible Dependent Children coverage: Please notify Us in writing as soon as possible to be sure that the child is properly enrolled, that coverage is in place and that medical care can be obtained when sought. A newborn child will be covered from the moment of birth. A foster child will be covered from the moment of placement. An adopted child will be covered from the earlier of: (1) the date of placement for the purpose of adoption; (2) the date a petition to adopt has been filed; or (3) the date of the entry of an order granting the adoptive parent custody of the child for the purpose of adoption.

CONVERSION PRIVILEGE

When an Eligible Dependent Child ceases to be an Eligible Dependent Child, as defined, coverage can be converted to a new policy. We must receive a written application and the required Premium within 31 days after the date this coverage is to end. The new policy will:

- a. be issued without evidence of insurability; and
- b. be a policy form We offer in the state the person lives which is most similar to (but not greater than) this Policy; and
- c. exclude any conditions that were excluded in this Policy for such Insured and cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Dependent Child ended under this Policy. The Premium will be based on Our table of rates in effect on the Policy Effective Date of the new policy for such person's attained age and state of residence at the time of conversion.

If You and Your Eligible Spouse become divorced, Your Eligible Spouse may convert to a new policy. Written application for the policy must be made to Us and the required Premium paid within 60 days after the date this coverage is to end. The new policy will:

- a. be issued without evidence of insurability; and
- b. be a policy form We offer for conversion in the state the person lives (but not greater than this Policy); and
- c. exclude any conditions that were excluded in this Policy for such Insured and cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Spouse ended under this Policy. The Premium will be based on Our table of rates in effect on the Policy Effective Date of the new policy for such person's attained age and state of residence at the time of conversion.

At the option of the Eligible Spouse, any Eligible Dependent Children covered under this Policy (for whom the Eligible Spouse has the obligation of support) may also be converted to the new policy. Said conversion is subject to the same conditions as the Eligible Spouse's conversion.

Your Eligible Spouse may convert to a new Policy If You Die. Your Eligible Spouse may convert to a new policy. Application for the policy must be made to Us and the required Premium paid within 60 days after the date this coverage is to end. The new policy will:

- a. be issued without evidence of insurability; and
- b. be a policy form We offer for conversion in the state the person lives (but not greater than this Policy); and
- c. exclude any conditions that were excluded in this Policy for such Insured and cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the day after the date coverage for the Eligible Spouse ended under this Policy. The Premium will be based on Our table of rates in effect on the Policy Effective Date of the new policy for such person's attained age and state of residence at the time of conversion.

At the option of the Eligible Spouse, any Eligible Dependent Children covered under this Policy (for whom the Eligible Spouse has the obligation of support) may also be converted to the new policy. Said conversion is subject to the same conditions as the Eligible Spouse's conversion.

GENERAL PROVISIONS

Cancellation by the Insured: You may cancel this Policy at any time by giving written notice to the Company. We will cancel this Policy upon receipt of such notice or on a later date if specified in the notice. The Company will return any Unearned Premium paid. The Unearned Premium will be computed on a pro-rata basis. Cancellation will be without prejudice to any claim that began prior to the effective date of cancellation.

Change of Beneficiary: You may change Your beneficiary at any time by giving Us notice in writing. The consent of the beneficiary is not required for this or any other change in the Policy, unless the beneficiary is irrevocable.

Claim Forms: Upon receipt of a Notice of Claim, We will send You claim forms for filing Proof of Loss. If We do not send these forms to You within 15 days after You notify Us, You will have complied with Proof of Loss requirements if You give to Us within 90 days a written statement of the nature and extent of the loss. The written statement must include verification by a Physician that such Insured suffered a loss as defined in this Policy.

Entire Contract: This Policy, with the application and any attached Rider(s), amendments and endorsements, is the entire contract between You and Us. In the absence of fraud, all statements made in any application are considered representations and not warranties. No such statement unless it is contained in the written application will: (1) void the Policy; or (2) reduce the Benefits; or (3) be used in defense of a claim.

Only Our officer may change this Policy in whole or part. No change will be valid unless it is: (1) made in writing; and (2) signed by such officer; and (3) attached to this Policy. No other person, including an agent, may change this Policy or waive any of its provisions.

Grace Period: This Policy has a 31-day grace period. This means that if a Premium (other than the first) is not paid on or before the date it is due, it may be paid during the next 31 days after it is due. During the grace period the Policy will stay in force. If the Premium is not paid before the grace period ends, the coverage will end.

Legal Action: No legal action may be brought to recover on this Policy until 60 days after You send Us written Proof of Loss. No such action may be brought after 3 years from the time We require written Proof of Loss.

Misstatement of Age: If the age of an Insured has been misstated, We will pay only such amounts as the Premium paid would have bought at the correct age. If an Insured's age was overstated, We will refund any excess Premium if We are notified of this fact. Our liability will be limited to the refund of the Premium paid for the term not covered by the Policy if:

- a. as the result of misstatement of the age of an Insured, We accept Premiums for a term beyond the date the coverage would have ceased; or
- b. according to the correct age the coverage would not have become effective for any reason.

Notice of Claim: Written notice of claim must be given to Us within 60 days after a covered loss, or as soon as is reasonably possible. Notice can be given to Us at Our Administrative Office as indicated on the Cover of this Policy or to any authorized agent of the Company. Notice should include the name of the Insured and this Policy Number.

Payment of Claims: Loss of life Benefits, if any, will be paid to the last designated beneficiary shown in Our records. If no beneficiary designation is then in effect, the Benefits will be paid to You or Your estate. All other Benefits will be paid to You. If any accrued Benefits payable to You are unpaid when You die, We may pay them to Your estate or to Your beneficiary. If Benefits are payable to Your estate or to a minor or other person not competent to give a valid release, We may pay such Benefit, up to \$5,000, to any relative by blood or marriage to You who is deemed by Us as entitled to such Benefits.

If We made a payment in good faith under this provision, We will be released from liability to the extent of the payment.

Physical Examination and Autopsy: At Our expense, We can require an Insured to have an examination as often as necessary while a claim is pending. We can require an autopsy in the event of an Insured's death, unless prohibited by law in the state that the Insured lives.

Proof of Loss: Written proof of loss must be furnished to Us at Our Administrative Office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. Proof must be sent as soon as reasonably possible and except in the absence of legal capacity, no later than 1 year from the time proof is otherwise required. We have the right to request records as may be reasonably necessary to determine if any Benefits are payable under this Policy.

Reinstatement: If a Premium is not paid before the Grace Period ends, this Policy will lapse. If We accept the Premium without requiring an application for reinstatement, this Policy will be reinstated.

We require a reinstatement form or a new application to reinstate a Policy. If We approve the application, the Policy will be reinstated with a new Policy Effective Date. If We do not notify You that We have disapproved the reinstatement application, the Policy will be reinstated on the 45th day after the date We receive such application.

The reinstated Policy will cover only loss that results from: (1) an Injury that occurs after the date of reinstatement; or (2) a Sickness that starts more than 10 days after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

After the reinstated Policy has been in force for 2 years from the date of reinstatement, We cannot cancel or deny Benefits because of any misstatement, except Fraudulent Misstatements, made by You in the reinstatement application.

Any Premiums We accept for a reinstatement will be applied to a period for which Premiums have not been paid. No Premiums will be applied to any period more than 60 days before the reinstatement date.

Right to Review Records: We have the right to review any records that may apply to Your claim.

Time Limit on Certain Defenses: After the Policy has been in force for 2 years from the Policy Effective Date, We cannot cancel or deny Benefits because of any misstatement made by You in the application for the Policy.

If a Rider is added after the Policy Effective Date, We cannot cancel or deny Benefits because of a misstatement made by You in the application after the Rider has been in force for 2 years from the Rider's Effective Date.

After the coverage has been in force beyond the Pre-Existing Conditions period, We will pay Benefits for any Pre-Existing Conditions not specifically excluded by name or description in the Policy, Rider or endorsement.

Time of Payment of Claims: Upon receipt of written Proof of Loss, We will pay the Benefits then due.

Unpaid Premium: When a claim is paid, any Premiums due and unpaid may be deducted from the claim payment.

Conformity with State Statutes: Any provision of this Policy that on the Policy Effective Date is in conflict with the statutes of the state in which it was issued is amended to conform to the minimum requirements of such statutes.

HOSPITAL INDEMNITY POLICY

**GUARANTEED RENEWABLE TO AGE 65, CONDITIONALLY RENEWABLE THEREAFTER.
SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS.**

IMPORTANT NOTICE

PLEASE READ THE COPY OF THE APPLICATION ATTACHED TO THIS POLICY. IF ANY INFORMATION ON THE APPLICATION IS NOT TRUE AND COMPLETE, WRITE TO US AT OUR ADMINISTRATIVE OFFICE WITHIN 10 DAYS. THE APPLICATION IS A PART OF THIS POLICY, WHICH WAS ISSUED ON THE BASIS THAT THE ANSWERS TO ALL QUESTIONS AND THE INFORMATION SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

Central United Life Insurance Company

Arkansas

Hospital Indemnity Product

Policy Form: CUL- HPHI2010 (with Associated Riders)

Premium Exhibit

	Employee	Spouse	Children	
<u>Base Plan (Elim Period; Max Period)</u>				
0 Acc / 0 Sick; 180 Days	\$1.59	\$1.59	\$0.84	Per \$10 Daily Benefit
0 Acc / 0 Sick; 365 Days	\$1.64	\$1.64	\$0.95	Per \$10 Daily Benefit
0 Acc / 1 Sick; 365 Days	\$1.20	\$1.20	\$0.70	Per \$10 Daily Benefit
<u>Riders</u>				
Intensive Care Unit	\$0.07	\$0.07	\$0.04	Per \$10 Daily Benefit
Private Duty Nurse	\$0.05	\$0.05	\$0.03	Per \$10 Daily Benefit
Accidental Death & Dismemberment	\$0.10	\$0.10	\$0.10	Per \$1,000 Benefit
Emergency Accident	\$0.57	\$0.57	\$0.57	Per \$50 Benefit
Outpatient Sickness	\$3.65	\$3.65	\$6.00	Per \$25 Benefit
Hospital Injury Indemnity	\$0.20	\$0.20	\$0.15	Per \$10 Daily Benefit
Lump Sum Indemnity	\$0.32	\$0.32	\$0.13	Per \$20 Benefit
Surgical	\$0.30	\$0.30	\$0.25	Per \$100 Benefit
Surgical Plus	\$0.52	\$0.52	\$0.25	Per \$100 Benefit
First Hospital Confinement	\$12.50	\$12.50	\$7.00	
Specified Injury	\$3.50	\$1.75	\$1.75	